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## Original Articles.

### SANITARY SCIENCE AND ALCOHOL.

BY E. W. PYLE, M.D., OF JERSEY CITY.

(Read before the N. J. Homœopathic Medical Society, in Newark, May 6, 1879.)

There are but few questions connected with the social and healthful interests of the human family more important than those which relate to the influence of alcoholic drinks. Whether we consider the impoverishment they help to perpetuate among all classes, and their indirect effects upon the sanitary condition of individuals and communities, or whether we study their more direct influence over the moral, social and physical condition of the consumer, we shall be overwhelmed by the magnitude of the subject and astonished at the tenacity with which a great popular error is perpetuated from generation to generation. Sickness is one of the great burdens to National prosperity. The welfare of State must depend largely upon the health of her people. Great epidemics from time to time have so paralyzed private and public interests as to bring forcibly to the minds of statesmen and physicians the necessity of sanitary reforms; and while there has always been on the part of enlightened nations some attention to subjects of health, it has been within late years only that individuals have become greatly interested in the sanitary conditions of their homes and surroundings. The telluric conditions of the soil upon which we dwell, the bearings of heat and moisture, and all atmospheric conditions upon animal life, the detection of unfriendly substances in the food we eat, in the air we breathe and in the water we drink, have all been well dwelt upon by the sanitarian. A deadly disease breaks out in our Southern border, and with a pestilential character that carries thousands to untimely graves. The public attention is at once aroused; all are electrified with one common impulse to seek the cause, and by the intervention of sanitary measures hope to avert the recurrence of any such epidemic. But as yet one of the greatest causes that carries people to premature graves—one that ramifies itself more disastrously through society and the body politic than any infectious disease, one that lessens the strength, predisposes to disease and shortens human life immensely more than the combined influences of all obnoxious gases, has been unnoticed by the sanitarian. The apathy of State and society respecting the abuse of spirituous liquors is truly appalling. Intemperance is becoming a National curse. The clergy and philanthropist have labored earnestly to diminish the evil, but their course has been in a measure empirical. They have treated the symptoms rather than the diseases which it induces in the body. The inquiry should be not what alcohol makes us do, but what it does to us and to our descendants. This is the great question for the

physician to answer and to teach, and in so doing in the light of science he becomes a benefactor.

One of our first inquiries should be as to the nature of alcohol as a food. A food is that, which being innocent in relation to tissues of the body, is a digestible or absorbable substance that can be oxidized in the body and decomposed in such a way as to give up the forces which it contains.

Is alcohol innocent to the tissues of the body? Statistics abundantly prove that where ardent spirits are most largely and abundantly used the diseases and degenerations become more marked. Lord Shaftesbury has said, in a Parliamentary report on the subject of Lunacy, that six out of ten lunatics were made so through the action of alcohol on their bodies. The Registrar General's report for England for the last ten years shows a mortality of fifteen out of every thousand yearly. This result is drawn from about ten millions of deaths. It includes all the working classes and the whole, in fact, of the adult population of the United Kingdom. If we consider the different classes of people which make up this aggregate, we discover some very interesting facts. The mortality of the ordinary agricultural laborers, the tailors and working classes, &c., was from thirteen to sixteen per thousand, while that of the liquor dealers, liquor manufacturers, brewers' men, and all persons mixed up by their avocations with intoxicating liquors, was from thirty to thirty-two per thousand. Alcohol, the basis of all spirituous drinks, has no physiological lodgment in any part of the human body, unless the vital powers be so prostrated as to fail in the performance of their function. It is hurried on from organ to organ, marking its course by disturbances and excitements, until the emunctories take it up and unceremoniously eject it from the body. Its continued use brings to every tissue weakness and not strength, sickness and not health, death and not life. We are familiar with the cirrhotic liver, the wasted kidney and shattered nerve centre that dethrone reason and drift the human bark hopelessly onward.

We have but to put a few ounces of brandy in the vessel where float our favorite gold fishes to see them turn on their sides and die.

We have to expose its fumes directly to the insect world, and death speedily follows. We have but to increase the moderate dose to our own species and we have paralysis, prostration and death more frequent than is produced by any other known substance. Is there any other solution than that alcohol is not innocent to the tissues of our bodies and that when it is mixed with blood life is deteriorated and shortened?

Is alcohol oxidized and decomposed so as to give up to the body the forces it contains? This is a question which medical science has not solved beyond the possibility of a doubt. Nor do I know that the scientific man will give us more information on the subject than our own aided senses.

When food is taken into our systems it is acted upon kindly by the digestive fluids, is absorbed, becomes a part and parcel of ourselves, and leaves the body only

when disintegrated. But it is quite otherwise with alcohol. We can smell it within a few minutes after administration coming from every pore, and long after the nose has ceased to detect, its presence can be demonstrated in the exhalations of the skin and lungs. The evidence of our senses proves that at least a large part of the alcohol which enters the body leaves it undecomposed, and therefore cannot have given up those forces which held its constituent elements together.

By its power as a narcotic it enslaves the body and subjugates the will as food never does. Many a person becomes attached to his coffee, but let his physician declare that the continuance of his health depends upon the immediate giving up of the favorite drink and it will be abandoned at once. He is never conquered by an insatiable thirst. He never wastes his estate, beggars his family, pawns his wife's shawl and his children's shoes for further supplies of the article. When alcoholic beverages are taken daily and in small quantities the individual usually increases in weight, not from increased nutrition, but from retarding the waste and retaining the old atoms longer in the tissues. By some this power to retard atomic change has been regarded as equivalent to nutrition, but the fallacy of such claims and the mischievous tendency will be fully apparent by reference to one of nature's plainest laws governing living animal matter. The law is that all the phenomena of life are associated with or dependent upon atomic change, and that each individual cell has its determined period of growth, maturity and dissolution. Hence to introduce into the *living, healthy* system any agent that retards atomic change is equivalent to retarding the phenomena of life by embarrassing the tissues with the presence of material that is inert and should be cast from the system. If alcohol be a food, why has it not contributed to the support of the soldier in his long, weary marches? The Army of the Potomac in the spring of 1862 was subjected to great hardships and exposed to the wet and malarious region of the Chickahominy. Under these circumstances there was much sickness and suffering. The commanding general issued an order on the 19th of May allowing every officer and soldier one gill of whiskey per day. The results were so manifestly injurious to the sanitary condition of the army that in just thirty days the order was countermanded by the same general. Concerning this experiment Dr. Frank Hamilton, serving with that army, says: "It is earnestly desired that no such experiment will ever be repeated in the armies of the United States. The regular routine employment of alcoholic stimulants by man in health is never useful. We make no exceptions in favor of cold, heat or rain; nor indeed in favor of old drinkers when we consider them as soldiers." If alcohol possesses food properties, why has it not contributed to the support of the intrepid arctic explorer in braving the region of a northern latitude? Why has the gymnast and all persons interested in the power and endurance of muscle not taken advantage of its food giving or food-producing power. In the hands of a skillful physician alcohol is at times potent. By virtue of its power to diminish the sensibility of the nervous system, to decrease temperature and to retard the active tissue destruction of disease, he can by its timely administration economize the vital forces and bridge the chasm that saves his patient. But it should be used only as medicine and in disease. There is no department of knowledge so little understood by the people in general as that which pertains to the preservation of the body in what they drink. The drink of the world shortens human life to a most alarming degree. And as physicians interested in all the sanitary measures that add to the comfort and longevity of our race, it becomes our duty to teach the effect of alcohol upon our bodies and upon our descendants. Should we all do this conscientiously and to the full limit of our talents sanitary science would indeed confer a lasting benefit on our race.

## THE RELATION OF ALCOHOL TO SHOCK.

BY H. I. OSTROM, M. D.,

(Read before the Homoeopathic Medical Society of the County of New York, May 14th, 1879.)

I shall endeavor to demonstrate, that to stimulate in shock is unscientific, and opposed to the law of similars.

By stimulants, let those substances be understood, which neither contain elements to nourish the body, nor within the system form combinations which afford food. Such substances by paralyzing our system of nerves, allows a proportional activity of the antagonistic system. By stimulation, is signified increased function, without a supply of food to compensate for the waste thereby entailed. For convenience in the present discussion, alcohol is assumed to be typical of this class of substances.

The subject admits four divisions:

I.—The action of alcohol;

II.—The nature of Shock;

III.—Indication for the treatment of shock;

IV.—A comparison between alcohol and shock.

1.—Alcohol possesses a strong affinity for nerve tissue, and arrests functional activity. So far alcohol prevents waste, but this prevention cannot be long maintained, because existence involves motion, and motion requires expenditure of force; if motion ceases above a certain though undetermined length of time, we deal with death.

When taken into the stomach, alcohol paralyzes primarily the sympathetic nerve, and secondarily the cerebro-spinal system; when it gains entrance into the circulation, the effect is to thicken the walls of the white blood corpuscles, and convert bioplasm into formed material, in this manner eventually starving the living part of the cell. Alcohol also coagulates albumen, and prevents its conversion into fibrin. After death, the right side of the heart, the pulmonary arteries, and systemic veins, are gorged with blood, while the left side of the heart and the arteries are comparatively empty, showing an absence of co-ordination between the two motions of the heart. May we not reason from this phenomenon, proceeding upon the theory that muscular tissue possesses an inherent quality of contraction, that the cerebro-spinal system, in at least one of its functions, regulates one of the motions of the heart, and the sympathetic system the other?

From the foregoing, it appears that alcohol destroys the functional activity of that system of nerves which it primarily attacks, and by so doing, affords a brief opportunity for the opposing system to increase its activity.

2.—Traumatic shock may be regarded as a nervous derangement which has its origin at the periphery, and is conveyed to the cerebrum by means of the sympathetic nerve. In the cerebro-spinal and sympathetic systems of nerves, exists an illustration of the dual forces of nature. These forces when united, constitute our conception of vitality, whether we deal with the spiritual or the physical plane, it is equally true. When they are not in perfect accord, when one is unduly active because the other is correspondingly passive, disease exists, and consciousness of pain.

The heart receives filaments from both systems of nerves, but that the contractions of this organ depend upon its nervous supply, is rendered doubtful from numerous experiments. Upon the supposition that galvanism increases functional activity, the sympathetic is probably the exciting nerve, because when galvanized, the motion of the heart is accelerated; the pneumogastric on the contrary, is probably the depressor nerve, because when subjected to the same process, the rhythmical motion of the heart is arrested. In shock, excluding those cases which originate in the emotional sphere, and those caused by direct violence to the brain or spinal cord, there is paralysis of the sympathetic, with increased action of the pneumogastric because of the absence of antagonism, followed by slowness of the

cardiac contractions, and motion of the blood. The paralysis soon spreads from one system to the other, and the brain ceases to act. After death the blood coagulates with difficulty, and the right side of the heart is filled, the left side remaining quite empty.

Shock, therefore, is a disease, arising as all disease must arise, in derangement between means and their uses, but it is to be noted that an injury is not a disease of the spirit, the body by external causes is rendered unfit for a medium, but the spirit of the man is not affected, save in so far, as it cannot act harmoniously in every part of the body.

III.—The indications for the treatment of shock, are, to restore equilibrium to the nervous system, and to prevent reaction. That the stimulating treatment of shock does not fulfill these requirements, may be known from the following considerations:

1.—To restore nervous tone, and maintain an equilibrium between waste and repair, food, or that which can be converted into motion, is required; alcohol furnishes no such materials.

2.—Healthy nutrition is accomplished only when the blood is normal and circulates freely through the body; alcohol kills the white blood corpuscles, coagulates albumen, and thus retards the flow of blood.

3.—Alcohol paralyzes the sympathetic nerve, and for a brief time allows the remaining vitality to be expended through undue activity of the cerebro-spinal system; when this vitality has been consumed, death must ensue.

4.—Any medicinal substance that takes possession of the system to such an extent as to destroy natural physiology, or pathology, and substitute for these its own action, cannot but injure the organism, and render it more difficult of future treatment; that alcohol is such a substance, cannot be doubted.

Nervous harmony is best restored by that agent which attacks the essence of the disease. Let it be premised, that a medicine can affect the body, only by first acting upon the spirit, for the body without its life, which called it into existence, is dead, and cannot be acted upon. Moreover all disease being primarily a mental disorder, arising, either in the individual or remotely, from our faculty of rationality, is a separation in uses of the two forces which as one constitute health, and is not physical but spiritual. Therefore, disease can be removed in two ways, by introspection and a voluntary opening of the spiritual man, and by drugs, (the most frequent method,) the vital principles of which originate in some violation of law, and cease when that law is fulfilled, meanwhile existing in form as means for removing similar disorders. To cure, the drug must be similar to the disease, for if it could be identical, which from the nature of the case is an impossibility, it would be unable to affect the disease, save to augment its severity; if the drug is contrary to the disease, it cannot touch the seat of the disorder, but if it is similar, it acts upon the same sphere with the disease, but from without inwards, and being similar, it is also correspondent. Therefore, as the external which is correspondent to the internal, exists only so long as the internal remains, and as the internal or disease, is a negation, being the absence of health, and as the good which is the spirit seeking to recover, and the bad which is the drug as an emanation from discord, cannot exist together, for a thing must be wholly good or wholly bad, the disease is removed when the meeting of the external and the internal is accomplished, for this meeting is with an attractive force sufficient to destroy the form of these two factors, and substitute in their place a third, which is health.

It has already been observed that shock is not a disease of the spirit, but as the body can be affected curatively only through the spirit, the symptoms will indicate the remedy, without regard to the cause of the disease, for the spirit acts as a mouth-piece of the derangements of the body.

Reaction, or the backward swing of the pendulum of life, consumes the vitality that the disease has left, and hastens a fatal termination. That reaction is an effort of nature to establish harmony, seems an unwarranted conclusion, because, *First*, before reaction is established, only the primary disease has been expended; *Second*, reaction is a feeble activity of the nervous system first attacked, and occurs because of exhaustion of its antagonistic system. To guard against reaction, it is necessary that the assisting force should act in the direction of the force assisted, this will be the similar remedy, and it is also necessary that the waste incident upon shock should be repaired; this is accomplished by administering easily assimilated food.

IV. A comparison between alcohol and shock, will show that because of the similarity existing between them, alcohol is curative to some forms of this disease, not in stimulating, toxicological doses, but in the minimum dose, in a state of division that liberates the spirit of the drug sufficiently to meet upon its own plane, the spirit of the disease. The pathological similarity between alcohol and shock, is that both paralyze the sympathetic nerve; from this action results the symptoms of morbid circulation and nervous depletion that have been mentioned. In reviewing the symptomatology of alcohol, it will be unnecessary to institute more than a mental comparison with shock.

The introduction of raw spirits into the stomach is followed almost immediately by paralysis and unconsciousness. The heart's action becomes feeble, respiration embarrassed, and the temperature reduced, while a cold perspiration covers the body. The face becomes pale, the eyes glassy, and pupils inactive. Fees and urine are discharged involuntarily, and death occurs from paralysis of the lungs and heart.

These are the secondary symptoms of alcohol, induced rapidly by the size of the dose, but they are as truly curative as the primary symptoms, because they mark the deep action of the drug, the exponent of which is the minimum dose, and that action which corresponds to the waning strength of the organism, while at the same time the primary symptoms are similar to the initial stages, not always perceived, of the disease.

#### LEUKO-SCLEROSIS.

BY J. A. CARMICHAEL, M. D., NEW YORK.

The following case of a rather unusual form of uterine disease may be found of some interest. Before describing the pathological condition as revealed by autopsy, I will give a few incidents connected with the life of the patient, as furnished me by one of her intimate friends.

"Miss Elizabeth R. Branson, forty-nine years of age at the time of her death, was born in South Eastern Ohio. Her parents were orthodox friends, her father from Virginia and her mother from Rhode Island. From infancy she was of a highly nervous organization, which increased with her growth and affected her health unfavorably. While a student at the Eclectic Medical College of Cincinnati, Ohio, she contracted small-pox from nursing a friend, from which she recovered bearing no marks of the disease. At the age of twenty-three, while dining at a hotel, she was poisoned by arsenic which, as supposed, had been introduced into the coffee by the servants of the hotel, and from which several of the guests died. For some time thereafter she experienced attacks of severe illness. About 1865, she received treatment by the Swedish movement cure from Dr. Dio Lewis, Lexington, Mass., and electric treatment from Dr. Garside, now of Brooklyn. For a few years her health was better, but in 1870 she became again very feeble, and while trying the lifting cure in Boston, small swellings came that could be felt by digital examination per vaginam, pronounced by some vaginal, by others intestinal, as she gained strength, these swellings in-



creased in size and became more painful. At length one broke and discharged half a wine glass full of pus through the anus, others followed, though not as large and all discharging through the anus. Her health now rapidly improved, and from weighing 85 pounds she increased to 130 pounds. In July, 1876, she had a severe uterine hemorrhage, and though under various and skillful treatment, the hemorrhages returned from time to time at various intervals, hopes were entertained that at the menopause, she might regain her health, which, however, proved fallacious. During the autumn of 1877 she steadily grew weaker, with more frequent hemorrhages, the blood coagulating more and more, and the pain increasing.

All the spring and winter of 1878, her sufferings were intense, the body, hips and thighs cold, and required much artificial heat. Hot sitz baths afforded more relief than anything else that was tried. The appetite was generally good, but from the time of the poisoning, the intestines, and especially the colon, were sluggish and inactive, requiring enemata to relieve. The mind was clear, and her diagnosis of her own case singularly correct. There had been cancer in her family.

Leuko-sclerosis of the uterus with cancerous degeneration of the Bas. fond of the bladder.

An autopsy of the above interesting case held at the Women's Medical College, revealed the following morbid conditions.

The uterus had undergone the degeneration known as sclerosis, so called because of its hard, tough nature, so much so, as to creak under the knife and feel as though leather was being cut. The interior of the organ presented a white, shining or nacreous appearance, to which I venture to prefix the term leuko, as indicating this peculiar form of sclerosis, and which has been described by Klob thus: "The Parenchyma, on section, appears white, or of a whitish red color, deficient in blood vessels, from compression of the capillaries by the newly formed connective tissue, or from partial destruction or obliteration of the vessels during the growth of tissue, the firmness of the uterine substance is also increased, simulating the hardness of cartilage, and creaking under the knife."

Superadded to this uterine degeneracy, (in which I should mention the ovaries were not involved in any appreciable degree, indeed they seemed to have undergone a marked atrophic transformation, the result perhaps of the absence of the stimulus of impregnation, the patient having been unmarried and virginal,) there was a close adhesion of the antero-posterior walls of the vagina and bladder, and here the cancerous transformation was plainly observable, no doubt, the source of the repeated hemorrhages occurring so frequently during the life of the patient, as also the cause of the great suffering she endured. There was more than the usual exsanguineous appearance of the small intestines, with marked contraction of the colon, particularly of its descending portion.

### SCARLET FEVER.

BY C. T. CORLISS, M. D., INDIANAPOLIS.

(Read before the Indiana Institute of Homoeopathy, May 1, 1879, Indianapolis.)

Scarlet fever is a disease that belongs, almost exclusively, to childhood and youth.

Unlike other fevers belonging to the group exanthemata, it rarely ever attacks persons in middle age, and seldom, or never, those far advanced in years. As a rule it occurs but once in a lifetime. This rule applies also to variola, rubella and varicella. Instances are, however, on record, where persons have been attacked the third time, and, in some cases, they have succumbed to the disease during the third attack.

Just why this fever should attack persons but once in a lifetime, I have never yet seen a reason, or an apology;

or why it should not, like others of its kindred attack persons in every stage of life, old age as well as childhood and youth.

Just why dame nature should plant in the human system, at birth, the seeds of such a disease; or why she should deem it necessary to entail upon her offspring so loathsome and terrible an affliction, I shall not now stop to enquire.

Enough for me to know that it is so, and that "whatever is, is right."

One reason, why it does not, as a rule, attack persons later in life may be owing to the fact, that, during the process of evolution, the germ thereof may have been eliminated from the system. There being no tinder, the sparks engendered by the concussion of flint and steel fall harmless to the ground.

I advance the doctrine that, in every human organism there is a latent diathesis, ready to be fanned into a flame.

Whether this will be small-pox, chicken-pox, measles or scarlet fever, depends alone on the peculiarity of the contagium with which the system is brought in contact.

I said that every human organism is subject to these attacks; I will modify this by saying that that is the rule. Every physician knows of cases where repeated vaccinations have been of no avail. They know also of repeated instances where the system has been exposed to the scarlet fever contagium without the disease having been contracted, and so some persons go on through a lifetime unscathed by any of these exanthematous fevers.

And why this exception? Simply because, in these exceptional cases, none of the germ was present in the system of this or that particular dyscrasy. Or if it was imminent, at the first, before contact with the external conditions, necessary to its development, the process of evolution had eradicated it (the germ) from the organism.

Hence, there being no fuel, there could be no fire or fever.

Mumps sometimes only appear on one side, the other parotid remaining intact. Only a part of the dyscrasy being exhausted, the system is not proof against further attacks, and will not be until the remaining gland has been subjected to the same process.

Scarlet fever has been divided into three varieties, viz.: Simplex, anginosa and maligna.

When a person is attacked with a case of scarlet fever it is only a question of how much of this inborn dyscrasy the system contains, and how much of constitution there is to withstand the explosion, to determine the quantity of scarlet fever the subject will have; if the quantity be small, the heat, or fever, will be commensurately so, and this is called scarletina simplex.

Under favorable circumstances it runs a mild and rapid course, requiring but little of the physician's services beyond directions to the nurse. When the throat is predisposed, in consequence of a scrofulous taint, having an affinity for those parts, to glandular enlargements, &c., it is then that this scarlet fever diathesis, when aroused into action, concentrates all of its morbid force upon this one point, and the mingling of these two morbid forces results in the destruction, to a greater or less extent, of wall-structure of the glands of the throat, &c.—this is called scarletina anginosa.

I undertake to say, that no child inheriting a scrofulous taint, ever contracts this disease without having the anginosa variety. And the severity of the case will be in proportion to the extent of the scrofulous dyscrasy.

When we are called to the treatment of a case of scarletina, our first care should be to ascertain the habits of the parents, as far back in the generation as possible, and if there be a scrofulous taint to know it, for as the old adage has it, to be forewarned is to be fore-armed; and the physician will find his labor lightened, and his chances of success greatly increased by thus taking time by the forelock.



During the practice of nearly quarter of a century this has been my rule, and, without boasting, I am proud, as well as happy, to say that I have never in that time lost a case of scarletina, in any of its varieties, nor has there ever a case passed from my hands to another as incurable or otherwise.

The third variety—Scarletina Maligna—is the most formidable of them all. As its name would imply, it is the most malignant in its character.

Although the "refrain" is the same as the two preceding varieties, it is the fearful "variation" which is the cause of so much alarm and solicitude during its progress. This form frequently assumes many of the features of the most malignant typhus, with an eruption strongly resembling that of variola—vesicles becoming confluent, eyes swollen to a close, deafness, sanious discharges from ears, nose and mouth, tongue swollen, black and crusted sordes on the teeth, carpalgia, low mutterings, delirium, discharges of foetid blood and mucus per anum, &c. Such are the faint outlines of the picture of a disease which we have all had more or less to deal with.

In the February of 1871 an epidemic of scarlet fever prevailed in this city and vicinity. I retain a vivid recollection, among others, of one family of children—six in number—whom I treated all at the same time. Three had scarletina simplex; the other three the malignant variety. All of the symptoms related above were present in these last three cases in the most virulent form, and they all made a good recovery—I say good, because none of them had any of the sequelæ so frequently entailed upon this class of patients.

And right here I hold that when these fearful complications are present in any given case, and the legitimate treatment is directed to the eliminating of this scrofulous dyscrasy from the system during the progress of the disease, no such sequelæ need be entailed upon the system. The discharges from the ears, the enlargement of the parotid or other glands, the weak and inflamed eyes, &c., do not constitute part of the scarlet fever *per se*; on the contrary, it is a latent scrofulous diathesis that has slumbered in the organism until aroused into activity by coming in contact with that innate principle which underlies the scarlet fever, and by which it is set free to enact its peculiar role among eruptive diseases.

In treating scarletina simplex I would, in the main, use the same remedies as in the treatment of catarrhal fever or common cold.

In prescribing for the anginosa variety I would give the same treatment as in tonsillitis with catarrhal complication.

In meeting the disease in its third and most dangerous form I have always, as before intimated, been successful in the use of those remedies prescribed in cases of malignant typhus.

The types are so nearly alike that by instinct alone almost the physician would be led into that form of treatment.

In the cases referred to above, by recurring to my case-book, I find the remedies used were *Bry. Bell. Hyocyamus nig. Verat. vir., Arsenicum, Phos.* and *Sulphur*—as in the progress of the disease each was indicated by the symptoms and the pathological anatomy.

In my treatment of scarlet fever I have always used the two potencies, ranging from the mother tinctures to the third decimal dilution, or the first, second or third triturations, and until some one cures a larger than one hundred per cent.; and I am officially informed of that fact, I shall continue to do so. "Speak well of a bridge that carries you safely over" is an old adage. Others may be equally successful with the higher potencies; with them I can have no controversy. The grand, central idea is the law upon which the remedies are administered. It is *this* that makes us a people distinguished from all others. No matter if it be high church or low church, whether the dose be finitesimal or infinitesimal, if so be it is founded on the corner-stone "similia

similibus," it is well; for however we may differ in the minor details, in this every true homœopath is united, and against that union the portals of Hades cannot prevail.

#### RIP VAN WINKLE "HOMŒOPATHICIAN."

I presume that all persons have heard, or have read,  
Of the Doctor, that Holmes in a poem, described;  
Rip Van Winkle, M.D., son of Old Rip, since dead,  
Good for naught, as a medical course was prescribed.

How he studied, and worked, went to sleep, and awoke;  
How disgusted he was, when he found that the world  
Viewed his practice, and life, in the light of a joke;  
Then he, into his annual slumber, was curled.

He sleeps soundly till spring, then awakes with a growl;  
Shakes the "kinks" from his muscles, the leaves from  
his hair,

And comes out to the medical meetings to howl:  
"All progress is humbug!" and goes back to his lair.

We are told in the poem, that he can be found,  
At those meetings, so grand, of the regular school;  
And there patiently waits, for the time to come round,  
When old fogies will be, not exception, but rule.

I have lately been somewhat inclined to believe,  
From reading our journals, and papers, and books;  
From some articles there, that are hard to receive,  
That Doctor Rip, with fond hope, at *Similia* looks.

That he, growing weary, while waiting so long  
For the retrograde movement of medical lore,  
Has abandoned the watch, that he's kept so strong;  
Tries coercion on us, and becomes a great bore.

For he thinks that our field is a much better one;  
Though always renowned for improvement and  
growth,

He by stopping this growth thinks that backward we'll  
run,

Till we come to be fossils, or fogies, or both.

And so Rip the Second, just like the wise fox,  
Who was tailless, proclaims in his autocrat way:  
"You must all put yourselves in the same kind of box,  
That holds me, or else with Eclectics you'll stray!"

Thus he turns to those masterly doctrines of yore,  
And accepting the old, while rejecting the new;  
Says that "true Homœopathy and nothing more,"  
Was by Hahnemann taught—all else is untrue."

He defines Homœopathy "*thudly*," 'tis true,  
As the deacon his faith or religion defined;  
"To be Orthodox is, to believe as I do,  
While to Heterodoxy all else is confined!"

Homœopathy is that, which Hahnemann taught,  
That which I, his disciple, accept without change;  
Nothing else can be classed with us, though it be  
fraught

With true knowledge, and science and facts that are  
strange.

Rip looks back to our Father, and thinks as he did,  
But ignores the plain fact, that progression was there,  
And its imprint was there (tho' perhaps it was hid),  
On our minds, and impels us to do, and to dare.

While our system was founded by progress, and brains,  
And advanced, till the death of our leader, so old;  
Does it follow that, either amongst us remains,  
Or that we must believe only that which we're told?

"All our practice, if true to the system we hold,  
Must conform to the writings, and rules of the one,  
Who so long, long ago, took a stand that was bold,  
Far ahead of his day, since which naught has been  
done."

As he seems to admit but a part of the truth,  
The remainder he intimates, should be this way :—  
"That the teachings of age, bound the progress of  
youth,  
And beyond them it would be a great sin to stray."

Rip will find that the life of our Founder, so great,  
Was as far in advance of the times that are flown,  
As the times of to-day, or the thoughts of this date,  
Will be found, without doubt, in advance of his own.

We are sorry, indeed, that a doctor like Rip,  
Looking backward, with eyes all discolored with gall,  
Should endeavor to show all the world, what a grip  
He would take (if he had but a chance), on us all.

But this comfort we have, that in numbers he's slim,  
And his influence less,—almost gone, if not quite.  
He will serve to hold back,—our position to trim,  
Like the weight, that is put on the tail of a kite.

—ANONYMOUS.

### GYNÆCOLOGICAL RETROSPECT.

BY MRS. J. G. BRINKMAN, M.D.

(Read before the Hom. Med. Society of the County of N. Y.)

Mr. President and members of the Association:—To present upon this occasion a complete resumé of all that has been done in the department of Gynæcology during the past year, would tax your time and patience too severely. I have therefore brought forward for your consideration, such matter only as I trust may prove of general interest.

Thomas Kleth, (Edinburgh) in writing of ovarian cysts, (*Lancet*, 1877), claims that, however hopeless the circumstances, operation should be the rule of practice. He has performed ovariectomy fifteen times in cases of acute suppurating or putrid cysts, every one of which at the time of the operation looked hopelessly bad, yet of these cases twelve recovered. He further states that if so large a proportion of bad cases do well, the mortality under ordinary conditions should be less. The *Eden. Med. Jour.* for 1875 has a report of some of his operations on suppurating cysts.

The July number of the *Pacific Med. and Surg. Jour.* has a report of a case of ovariectomy performed in San Francisco by Mrs. Charlotte B. Brown, M.D. It has proved an eminent success, and the patient has entirely recovered.

Six cases of death, following the use of the aspirator in cysts, supposed to be ovarian, have been noted. This fact was brought out in a discussion of the *Am. Gyn. Soc.*, published in *Trans.*, vol. II.

M. de Sinety has described before the *Société de Biologie*, the anatomical characters of the uterus and ovaries of a woman who had never menstruated. She was thirty-eight years of age and with the exception of the menstrual flow, had presented from her tenth year all the symptoms of puberty. The uterus was externally of normal volume, but the cavity was formed almost entirely by that of the neck. The cavity of the body was like that of a fetal organ, and the mucous membrane presented the character of the infantile condition. Oviposition had been very active, for the ovaries presented many false corpora lutea.—*Hospital Gazette*, Nov. 28, 1878.

In the *Annales de Gynécologie*, June, 1878, Dr. Ch. Talamon relates the following rare case: Marie T., aged 6, was admitted to the Sainte Eugénie Hospital, with symptoms of tubercular meningitis. There was found, also, consolidation of the lungs at both apices. No symptoms drew attention to the abdomen, which was flat, excavated, and flaccid. At the end of six days the child was seized with convulsions and died. At the necropsy the usual appearances were found in the brain, and tubercular consolidation of both apices of the lungs.

In the intestine all the Peyer's patches were the seat of irregular ulcerations. The uterus was three times its normal size and contained a clear green viscid fluid, like muco-pus; its cervical orifice was closed by tubercular ulceration. The Fallopian tubes were obliterated; the ovaries were surrounded by thick caseous exudation. On removing these exudations, the ovaries appeared, indurated, irregular, and enlarged to the size of the ovaries of a young adult. On section, they were found to be entirely changed into yellow cheesy matter. The microscopic examination revealed miliary nodules on the external surface of the ovaries. The portions of the tubes adjacent to the ovaries presented tubercular degeneration of the mucous membrane, whilst the uterine ends of the tubes remained normal.—*Lond. Med. Record*, Oct., 1878.

Dr. Herring, of Leipzig, communicated to the Ninth *Waturforscher*—*versammlung*, a remarkably successful case of excision of the uterus for cancer of the neck. The disease had not returned at the time of the report, (eight months subsequent to the operation). In the performance of the operation the uterus was first separated from the anterior wall of the vagina by the knife and scissors, then from the anterior fold of the peritoneum with the fingers. The broad ligament bled very little; the fundus was drawn forward with the combined aid of the fingers and a tenaculum and its posterior connections with the vagina divided without difficulty. The disease involved the posterior vaginal wall, and one tubercle had invaded the rectum. In the removal of this latter tissue an opening was made into the rectum. The left ovary and tube, and one-half of the right tube adherent to the uterus were removed with it. The opening into the rectum was sewed up. There was hæmorrhage. The wound was cleaned by injections of *salicylic acid* used twice a day. Peritonitis supervened, reached its climax on the first day; then gradually subsided.—*Hosp. Gazette*, Nov. 14, 1878.

*Amputation of the Uterus and Ovaries* as a safeguard against hæmorrhage and other accidents after *Cæsarian section*, has been successfully performed by Prof. Ed. Porro, of Pavia, (*Am. Obst. Jour.*, 1878). Contrasting the unfavorable results of the *Cæsarian* operation with those following laparo, hysterectomy, and ovariectomy, which he attributes to the want of closure of the uterine wound, with extravasation of blood, etc., he conceived the idea of removing the uterus and ovaries, and performed the operation successfully in one case, both mother and child being saved. The paper concludes with indications for resorting to this procedure.

Freund, of Breslau, (*Am. Obst. Jour.*, 1878,) has extirpated the entire uterus by a new method, applicable in cases of cancer limited to the uterus and to sarcoma of the body of the uterus. A paper giving minutæ of the technics of the operation and after treatment, has been published by Freund, in the *Centralblatt für Gynäkologie*, Vol. II, No. 12, June 8th. He mentions having performed the operation five times, three of which were entirely successful.

In a paper on the Relations of Laceration of the Cervix to Carcinoma Uteri, by Prof. Briksky, (Prague), *Trans. of the Soc. of German Physicians*, April 27, 1876, the writer calls attention to the possibility of the everted cervical membrane becoming through constant irritation the seat of cancerous degeneration. This supposition was based on two cases, in which, notwithstanding the cancerous disease of the cervix, both lips still plainly showed their bilateral laceration and eversion. Briksky reports two further cases of this kind, in both of which the laceration extended to the vaginal insertion and only one lip was affected, and thinks himself justified in considering the cervical laceration and eversion the primary cause of the carcinoma. B—— considers Emmet's operation called for, as soon as laceration is recognized, as a prophylactic against possible subsequent malignant disease.

In a report to the Ger. Gyn. Soc., (Cong. of Phy., Sept., 1877, Am. Jour. Obst., April, 1878.) Viet, of Berlin, having made careful examinations of specimens freshly taken from the living body, states that the prognosis should be guarded in cases of erosions of the cervix uteri, as they are often the commencing stage of carcinoma, which condition is apt to be set up in the diseased glands of the eroded patch.

The beneficial effects of the action of *Ergot* in Uterine Fibroids is still claiming attention. H. A. Dean reports a case of fibro-cystic tumor cured by this drug.—Med. and Surg. Jour., 1878.

Dr. O. R. Mason, exhibited before the New York Path. Soc. a specimen of fibrous tumor, which was expelled spontaneously, after the use of *Ergot* in large doses.—Lancet, 1877.

Prof. A. R. Simpson, (Edin. Med. Jour., 1878), states that, while he knows of no drug, which on being introduced into the system, finds its way to a uterine fibroid and acts in the way of a solvent on its structure, the *Ergot of Rye* most powerfully affects their growth. He makes use of the hyperdermic injection, and directs that care should be taken that the fluid carry with it no small globules of air. The injections are best borne in the gluteal region. He remarks having observed that students err in pushing the point of the needle obliquely through and to some distance into the cellular tissue. The point of the syringe should be carried right into the muscular strata.

J. T. Everett, (Am. Obst. Jour.), cites a number of cases of uterine fibroids removed or benefitted by the use of the faradic current. He prefers it to *Ergot*, as its action can be more easily controlled. It does not disturb nutrition, nor interfere with digestion. It never produces pain in distant organs, it is not followed by cephalic disturbance or nervous shock, and it does not produce inflammation or other local injury.

The marked influence of gestation on the growth of fibroid tumors has been demonstrated in three cases reported by Dr. S. Playfair, to the Lond. Obst. Soc., Lancet, April, 1877. The tumors filled the pelvis, labor progressed naturally with no post partum hemorrhage. Six months after delivery they could scarcely be detected in either of the three cases.

(To be Continued.)

#### HELMUTH'S ELASTIC LIGATURE CARRIER, SUITABLE FOR COMPLETE OR INCOMPLETE FISTULA.

The use of the elastic ligature in the treatment of fistulae, especially those of the anus, has not, I think, been properly appreciated by the majority of the profession.

I have employed it between twenty and thirty times with absolute success, in a few cases only the operation having to be repeated, and in two instances the track made by the ligature not healing. In these, the fault was more with the operator than with the ligatures. After having tried various contrivances for the passage of the thread, I finally came back to the director and probe. The difficulties I found with Allingham's needles were: first, the liability of the ligature to slip out of the eye of the instrument unless the thumb was pressed tightly on the shank and the pressure continuously maintained; and second, that in incomplete fistula, a very sharp broad needle with cutting edges had to be passed through the fistula, which was liable to cut into tissues and make false passages, besides giving trouble of a similar kind in the rectum.



The ligature carrier which I have devised, and which was manufactured for me by Geo. Tiemann & Co., can be used for complete or incomplete fistulae, and may be explained thus: An examination of the wood cut shows two buttons (A and B) close up to the handle of the instrument. By pushing forward the button A, the blunt end of the instrument, as seen at E, opens. The elastic ligature is then put upon the stretch, and while thus drawn out, is slipped into the notch, and the button A drawn back to its place, and the needle (if the case is one of complete fistula) is ready for use. One great advantage claimed for the instrument is, that in its passage through the fistulous track, the more pressure that is made upon its end, the tighter is the ligature held in the notch, and the operator may change the position of his thumbs and fingers without in any way loosening the thread.

If the fistula be incomplete, the blunt end is passed firmly up to the end of the sinus, the button B is pushed forward, which protrudes the sharp point D; in other words, transforms the blunt into a sharp point. The fistula is then made complete by piercing the tissues; so soon as this is done, the point is retracted again within its sheath, thus leaving a rounded extremity in the rectum. By elevating the handle with the left hand, and drawing the blunt end down by means of the index finger inserted within the rectum, the ligature is brought out at the anus, taken hold of and held, while the button A is pushed up, which entirely liberates the thread. The instrument is then withdrawn, thus leaving the elastic ligature traversing the fistula, one end being at the entrance of the sinus, the other hanging out at the anus. Taking these two ends, they are passed through a small leaden ring, and then drawn out, until their calibre is about half that of the unstretched ligature, and while a sufficient amount of tension is maintained to keep them this size, the leaden ring is seized with the jaws of a forceps, slid close up to the anus, and there compressed by forcibly closing the handles of the forceps. Any one who may try this method I think will be satisfied with it. The patients are confined but a few hours, and indeed, in some instances, not at all. There is not a drop of blood lost, and the tedious and painful process of packing the cuts or tightening the ordinary ligature is entirely obviated.

WM. TOD HELMUTH.

299 MADISON-AV. April 25th, 1878.

#### STRANGULATED INDIRECT INGUINAL HERNIA—HERNIOTOMY—A CASE FROM PRACTICE.

BY E. CARLETON, JR., M.D., NEW YORK.

Mr. J. B., German, æt. 36 years, had for several years a reducible indirect inguinal hernia on the left side, about the size of a robin's egg, which he kept reduced by constant use of a truss.

On the 28d of last April, while on a spree, the truss became misplaced, the hernia assumed enormous proportions and strangulated. At 3 P. M. of the 24th, he was



brought home in a carriage, and a physician immediately summoned, who gave a draught of chamomile tea, and endeavored to reduce the hernia by taxis. His rude and miscellaneous handling brought no relief, but inflammation and tenderness constantly increased. About midnight he ordered a flaxseed poultice to be applied and went away, not saying when he should return.

Then Dr. Krause was called, who, upon examination, saw the state of affairs, gave *Nux vomica*, and by his request I was called, arriving at the house about 4 A. M.

The gravity of the case was apparent. Nausea and vomiting had lasted several hours, together with sharp pain and tenderness in the tumor and adjacent parts. The viscus had enormously distended the scrotum, which with the penis had become livid. A careful measurement of the surface of the hernia gave the following dimensions: vertically, 14 inches; transversely, 15 inches; circumference, 22 inches. It was tense, unyielding. I next brought Tieman's bottle aspirator into requisition and drew 12 ounces of dark blood and serum from three or four punctures. This relieved the pressure considerably, but not the stricture. Remembering that cold applications will sometimes prove efficacious in such extremities, we applied cracked ice freely but unsuccessfully.

But one resource was now left to us—the knife—and I proposed herniotomy, considering it our duty to leave nothing untried which held out the slightest hope of saving life, although I confessed that the man's chances were small. To this Dr. Krause and the patient assented and requested me to proceed.

The hair being removed from the path of the knife and the man placed in position, Dr. Wildes, who had kindly consented to produce anesthesia, applied his ear to the chest and pronounced heart and lungs sound.

He folded a towel for the anesthetic in such a manner as to admit air, and I poured upon it about two fluid-drachms Squibb's chloroform, and directed the patient to breathe deeply. He had scarcely taken a dozen whiffs when he was suddenly seized with violent opisthotonos, making a rigid bow in shape from head to heels, with his eyes rolled upward, cessation of pulse and respiration, and the heart working but feebly. The chloroform being removed, the untoward symptoms subsided. Thinking that perhaps we had seen the usual stage of excitement in a high degree only, we tried the chloroform again, but this time with similar bad symptoms, only worse, thoroughly alarming us, and necessitating efforts at resuscitation. Chloroform was now condemned, and not caring to induce the vomiting and trembling of ether I asked him if he would keep perfectly quiet while I should inflict great pain upon him. He bravely responded that he would, and I immediately commenced to make an incision. The patient was as good as his word, never once flinching throughout the operation. Layer after layer was carefully divided, the cremaster muscle presenting a beautifully distinct looped appearance when brought to view, and much bloody serum escaping when the hernial sac was laid open.

About twenty-six inches of intestine were exposed, of an even, black walnut hue. With my left index finger I sought the point of stricture, which proved to be at both rings, and throughout the entire length of the canal. The strangulation was excessive, and required an incision upward of about eight lines. While completing this extremely large incision, I could feel the pulsations of the epigastric artery, and was thus enabled to keep the knife from it with more certainty.

The intestine was now minutely inspected to see if it were in condition to be returned to the abdominal cavity. Soon the circulation began to improve, and the black walnut color gave place to a more natural one. A small patch was found mortified, however, which, opening, freed the bowel of a share of its contents and facilitated subsequent movements. A carbolized ligature was then applied to the mortified part, the intestine and wound carefully cleansed with a dilution of *Carbolic acid*,

and the process of reduction carefully finished. Twelve stitches completed the operation. *Calendula* dressings were applied, and the patient made comfortable in bed. He was weak, but said that he felt better. We gave him *Arnica* internally. I saw him again at five o'clock in the afternoon. He was pale, restless, almost pulseless, and tormented with thirst for cold water, drinking every few minutes. I gave *Arsenicum*, and went away feeling certain that I should not see him again alive. My misgivings proved correct, for death occurred at about one o'clock in the morning of the 26th. When I next made my morning visit decomposition was well advanced.

Death was considered due to mortification, and the certificate rendered accordingly.

I have reported this case to bring to notice its peculiar features, especially the sudden development of the size, the action of chloroform, and the extensive incision required to relieve the strangulation.

I should like to know if any of my colleagues have met with similar experience.

Read before "The Homoeopathic Medical Society" of the County of New York.

#### A CASE OF GENERAL MILIARY TUBERCULOSIS INVOLVING THE CHOROID.

BY EDWARD L. HOLMES, M. D., CHICAGO.

Patient about thirty-five years of age.

Miliary tubercles were found in nearly every organ of the body. In this specimen eight minute white elevations are perceived in the posterior half of the choroid. The principal facts regarding the condition of choroid are as follows:

1st. So far from being rarely found in the choroid, miliary tubercles find in this membrane quite a favorite locality for their development.

2d. They vary in size from one-third of a millimetre to two and one-half millimetres in diameter. As they are usually located in the posterior portion of the choroid, they can be recognized by means of the ophthalmoscope during life.

As far as I know, however, the patients have all been on the verge of dissolution when the examinations were made.

3d. In no case of extensive cheesy masses, confined to the lungs and abdominal organs, are tubercles found in the choroid.

4th. When tubercular deposits are found in the choroid, they are of the miliary form and are present in "almost all the organs of the body," and especially in the meninges.

5th. So far as records state, no subjective symptoms have been observed. The patients have been either too young, or too near death to express complaints regarding disturbed vision. Theoretically, alterations in the choroid, crowding upon the retina, especially near the macula, must cause distorted vision.

6th. Cohnheim and Graefe have shown that Guinea pigs, inoculated with tuberculous substance, died after a few weeks, tubercles being found in the choroid as well as in many other organs.—Chic. J. & Ex.

*Iodoform*.—The very unpleasant, pungent odor of *Iodoform* can be completely masked by oil of peppermint. For instance, *Iodoform*, 2.0, *Vaseline*, 30.0, rubbed up with six drops of oil of peppermint, make an ointment with a pleasant aromatic scent.

#### RETRO-ESOPHAGEAL ABSCESS.

June 11th. Obstruction to the passage of food into the stomach. Pain became excessive. The patient said she felt as if there was a large swelling in the oesophagus. In a short time she began to vomit, and everything taken into the stomach was rejected. It was supposed that she was suffering from cancer at the cardiac extremity of the stomach.

July 11th. Vomited about a pint of sanguineo-purulent matter. She had also several purulent discharges from the bowels.

July 13th. Very much better; vomiting had entirely ceased. Her appetite returned and food retained.

**DR. F. C. HOLT—OBSERVATIONS ON DEFECTS OF LIGHT INDUCED BY EXPOSURE TO EXCESSIVE HEAT.**

The ophthalmoscope revealed marked changes in the fundus oculi, viz: in five cases, neuro-retinitis, in one case choroiditis, with subsequent detachment of the retina. A careful analysis of his observations lead the reader to the view that the immediate effect of the excessive heat in these cases, was a hyperemia of the meninges, in some cases bordering on inflammation; this hyperemia or irritative state was propagated through the sheaths of optic nerve to the eyeball, where it induced the neuro-retinitis or choroiditis.

**ADULTERATION OF SUGARS, SYRUPS AND HONEY.**

One of these is by the use of glucose, which is an inferior article of sugar formed by the action of sulphuric acid on starch. In sugars thus adulterated, there is usually found sulphuric acid and copperas. Another method lately practiced has been for the lessening of duties, and consists in coloring sugar, so as to make it appear of lower grade. The danger comes from the poisonous chemicals used in bleaching.

**SCARLATINA—SERVICE OF PROF. HARDY.**

Patient either wild and delirious or in a condition approaching that of coma.

After this state of things supervened, I had not seen for years a single case recover, until I adopted the course of treatment which I shall presently recommend. It was formerly thought that these nervous manifestations, and especially that of stupor, were caused by uramic poisoning. But later investigations have proven that this is not the case. These have demonstrated that all kidney complications belong to the latter or desquamative stage of the disease.

These symptoms, denoting a fatal implication of the nervous centres, are produced by extreme heat of the body, and to the combating of this condition we must direct our treatment.

What are we to do? Give medicines? I can answer you that we have no remedy in the materia medica that will exert the least influence in preventing a fatal termination in such a case as this. There is one thing, and one only, that you can do with hope of saving life, and that is, immerse the patient at once in a cold bath of from 18° to 20°, and repeat this bath sufficiently often to bring the temperature down. If you do this early, and do it thoroughly, you may be successful.

If you vacillate, your patient will assuredly die. My rule is to confine children to the house for one month after an attack of scarlet fever, and if adults follow my advice, they will not expose themselves to any vicissitudes of temperature for at least two months after apparent recovery from this disease.

**TYPHOID FEVER.**

Prof. Hardy says: I object to repeated baths for typhoid fever patients on account of the disturbance and muscular effort that is connected with their administration.

We shall have our patients sponged off with cold water of from 10° to 15° every two to four hours during the height of his fever. But a practice that I have lately followed, and which I can strongly recommend is the injection of cold water into the rectum. For this purpose I use water of about 12°, and to each injection I add two grains of Salicylic acid. The quantity that I use is from 500 to 1,000 grains, according as the patient can contain it. These injections we try to induce the patient to retain from thirty to sixty minutes, and repeat them every four to six hours. Some have even recommended

them to be given at the freezing point, but this extreme cold we have always found to disturb the patient's nervous system.

Prof. Bernutz: I never give opiates or any form of anodyne in typhoid on account of its tendency to obstruct the action of the heart. I think it a matter of the first importance that nothing should be done in this disease to cripple the great centre of circulation, and this I think, opiates have a tendency to do.

**TURPENTINE IN WHOOPING COUGH—WEINER ALLEGEM, MED. ZEIT., NO. 12, 1878.**

Dr. Gerth cured a case of laryngeal catarrh by placing twenty drops of turpentine on a handkerchief, held before the face and causing about forty deep inspirations to be taken. Repeating this thrice daily, the cure was quite rapid. In the same family he found an infant fifteen months old in the convulsive stage of whooping cough, quite exhausted, and vomiting all ingesta. There was at the same time slight bronchial catarrh with slight evening rise of temperature. He directed the mother to hold the moistened cloth as above, before it when awake, and to drop the oil upon its pillow when asleep. Within the twenty-four hours the frequency and severity of the attacks notably diminished. The initial catarrh, the convulsive, and the final catarrhal stages were all decidedly benefitted, the spasmodic attacks being in many cases aborted.

**TRANSPLANTATION OF TISSUES.**

Dr. Zahn has carried out a systematic series of experiments on the subject, first with hyaline and then with foetal cartilage. The tissues into which the fragments were implanted were connective tissues, the anterior chamber of the eye, the sub-maxillary glands and the kidneys, testicles and blood vessels. These attempts yielded negative results until foetal cartilage was employed. If some of the latter were rubbed up with amniotic fluid and injected into the jugular vein, numerous cartilaginous growths were subsequently found in the lungs; and if used in other ways the same effect was produced. The capacity of foetal cartilage is so great that specimens from the fetus of a cat gave rise to nodules in the rabbit.

Experiments with cartilage from an enchondroma were less successful than the above, but more so than when ordinary adult cartilage was used.

Zahn concludes that only foetal tissues, or those adult tissues which preserve their foetal peculiarities, can develop in another part of the same or in another animal. Only, for instance, red marrow will do so, and the periosteum of young individuals.

**BUTYL CHLORAL—LIEBREICH.**

While chloral hydrate paralyzes circulation before respiration, the reverse is true with butyl chloral. L. showed this beautifully by opening the thorax in two rabbits, one narcotized with chloral hydrate, the other with butyl chloral. In each case the thorax was opened just as respiration ceased; in the former the heart was lying motionless; in the latter it continued to beat, so long as artificial respiration, which was practiced in both cases, was continued. He thought this property showed the advantage of the drug, for purposes of vivisection.

L. refers to the value of the drug in that distressing complaint, tic douloureux, and advises to administer it in glycerine and water, instead of in alcohol, in doses of 1.0 to 2.0.

**OIL OF ROSEMARY, KÖHLER AND SCHRIENER, CENTRALBL. MED. WISS., NOV. 23, 1878.**

They find its chief action to be upon the cerebro-spinal nerve centres. The blood pressure falls owing to paralysis of vaso-motor centres in the medulla, but the heart is unaffected; and if the drug is pushed to its utmost there is only retardation of the pulse, while the

respiratory centre is at last paralyzed.

Small doses increase, and large doses diminish reflex excitability; repeated hypodermic injections of small amounts have the latter effect.

Large doses antagonize the irritability of strychnia poisoning. But its most important action is on temperature, though for this purpose it must be inhaled in a vaporized form, and not given by the stomach. By the former method, temperature may be reduced 8°, while by the latter it cannot be lowered more than 2°. Centigrade. These experiments were made in rabbits and other animals.—(Chicago J. & Exam., March, 1879.)

**JABORANDI.**—Dr. Baker in a carefully prepared paper on *Jaborandi* in *puerperal albuminuria*, in which several clinical cases are cited, expresses the conviction that its utility in the treatment of this condition is more than doubtful, and that given after puerperal convulsions, its depressing influence and action, which is continuous and exhausting, prevents sleep and thus renders it in these cases an unsafe and dangerous remedy.

**A NEW ANÆSTHETIC.**—A committee of the British Medical Association have been directing their attention to the discovery of an anæsthetic free from the danger of chloroform, and more prompt in action than ether. They report favorably of two—the *isobutyl-chloride*, and the *choline-dichloride* with which they have obtained very satisfactory results.

**CROTALUS POISON.**—M. De Quatrefages presented to the Academy of Sciences at its last sitting a note from M. Lacerda relative to some researches he has been making at Rio de Janeiro into the action of the venom of the rattlesnake. Hitherto the general belief has been that the poisonous matter secreted by certain species of reptiles was nothing more than a poisonous saliva, acting in the manner of soluble ferments. His investigations, however, show that the matter in question contains what is called figured ferments, the analogy of which with bacterides is very remarkable. From a young and vigorous crotalus, subjected to the action of chloroform, he obtained a drop of the venom on a chemically clean piece of glass, and at once placed it under a microscope. Almost immediately he observed the formation of a filamentous pulp of an arborescent disposition. Gradually the thickened filament, after having pushed out spores, dissolved and disappeared, and the liberated spores swelled and enlarged visibly, each of them sending out a minute tube, which lengthened rapidly. After a very short period the latter separated from the first spore and constituted another nucleus for engendering the deadly contamination. In the examination of the blood of animals killed by the bite of one of these snakes M. Lacerda noticed that the red globules of the blood commenced by presenting some small brilliant points on the surface, which spread with great rapidity, and ultimately the globules melted one into the other, forming a sort of amorphous paste, which could no longer circulate in the veins. Other animals in which that blood was injected immediately after the death of the first expired in a few hours, presenting all the symptoms of having themselves been bitten, and their blood always showed the same alteration. M. Lacerda concludes by stating that numerous experiments have shown that the true antidote for serpent poisoning is the injection under the skin of alcohol, or its administration by the mouth.

**ALOPECIA—BALDNESS.**—Kaposi, in the second volume of *Hebra's* treatise on the skin, recommends equal parts of *sapo viridis* and *alcohol* in something like the following formula: *Sapo vir.*, two ounces; *alcohol*, two ounces; *oil lavender*, two or three drops. This makes an orange colored liquid, with a pleasant odor. Rub upon the parts night and morning, wetting first with water. Sharp friction with the fingers produces a

copious lather. After keeping up the friction four or five minutes, wash out the hair and dry carefully. Afterward, to prevent the parts becoming dry, rub on a little vaseline. At first the hairs may fall out more rapidly, but these are only the dead ones, and need produce no alarm.

#### CHLORAL HYDRATE IN OBSTETRICS.

A case of considerable duration that occurred some years ago, in which I proposed to help the sufferer to a little respite, by giving a moderate dose of the drug, and, instead of accomplishing my purpose, it set the pain to "grinding" with redoubled vigor, and ended in a far more speedy recovery than had been anticipated. After that it was administered again and again to test this property with most gratifying results, since which time *Ergot* has been appealed to but once. Puerperal convulsions, by the use of *Chloral*, I have no trouble in controlling, either before or after delivery. Convulsions are stopped at once, and an easy and natural delivery is facilitated.

This remedy has several distinctive features that commend it to the profession:

First, its simplicity; second, its certainty; third, its innocency with its promptness, and last, but not least, its dual property. It subdues the convulsions and facilitates delivery, when they occur ante-partum.

I give, to arouse to energetic action, the uterus that is inert, 20 to 30 grains, in, say one gill of water made pretty sweet, and have never had to repeat.

#### TREATMENT OF FISTULA IN ANO—A NEW METHOD. BY I. J. SUGGS, M. D., OF TEXAS.

I conceived the idea of introducing a tube into the rectum so as to prevent the action of the sphincter, and thereby allowing the fistula to heal. Tube made as follows: 3 inches long, about 1½ inches in diameter at the point, larger at the base; flared some small holes in the base, so as to confine it with a bandage; made an obturator similar to that of a speculum uteri. After having the bowels well evacuated, the tube was introduced and confined with a T bandage, the obturator removed, and a plug of cotton introduced, the fistula well cleansed, and a diluted tincture of iodine injected.

Five days after the operation the tube was removed and the fistula perfectly cured.

#### CHLORAL IN PUERPERAL ECLAMPSIA. BY M. W. WARFIELD, M. D.

Primipara, æt. 35, has suffered from nausea and vomiting during the whole period of gestation. Analyzed the urine, suspecting albuminuria, but obtained only negative results. Face swollen and purple; eyelids puffy, hands stiff. The os was dilated to the size of a half dollar, rigid. Head presenting in first position. The pains were regular.

The case progressed without accident. Was suddenly seized with a violent convulsion.

I attribute my success in the above case entirely to the free use of *Chloral Hydrate*.—Med. Times.

#### TREATMENT OF LUPUS.

*Ungt. Hydrarg. Nit.*, 3j, *Comoline* 3j, recommended by Dr. G. McConnell, Med. and Surg. Reporter, Sept. 21st, 1878. The sore healed rapidly, and in ten days from application the map was at work. The object in treatment is to stimulate the vessels supplying the parts, so as to substitute active, healthy action, for the sluggish, indolent condition always found in lupus; therefore your paste should be sufficiently strong, and applied long enough to set up considerable inflammation, and to penetrate through the diseased to the healthy tissues, so that when your eschar comes off it may take the whole of the diseased part with it, otherwise you may have to make more than one application.—Dr. Alexander, in Med. and Surg. Reporter.



## The Homœopathic Times.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

### OUR NATIONAL CONVOCATION.

The meeting of the American Institute of Homœopathy at Lake George will give a good opportunity, not only for presenting in a condensed form the ripe experience of the most practical workers and the best thinkers in our profession, but for marking out a plan for earnest work in the future in the cause of progressive science.

The American Institute, notwithstanding it is the oldest national medical society in the United States, and should be the most dignified and progressive, has gradually lost sight of the great object of its formation, frittering away its time in non-essentials and in discussions, much of which were void of interest and point, and beneath the dignity of what should be a great scientific organization. Instead of taking an advanced position among the scientific bodies of the world, making itself felt and respected everywhere by the originality of its work and its progressive spirit, it has lagged in the background, only here and there a grand movement or a brilliant thought flashing out from a mass of verbiage and platitudes. The American Institute was organized by earnest men, fully comprehending the noble work in which they were engaged, and earnestly believing the new philosophy would elevate therapeutics from its empirical condition to the dignity of a science. They hoped that an organization which would bring together men from all parts of the country, united together by a common faith, would be an immense power for good, and show to the world the grand results of united work in a great cause. That homœopathy has taken such high rank throughout the country and has accomplished so much in establishing a scientific therapeutics, which is rapidly being adopted by the whole medical world, is due more to the inherent power of a great truth working silently like leaven through all medical philosophy, than to any united action or strong effort on the part of societies, National or State.

We can look to-day with a feeling of pride to the strong evidence of the adoption of the great principles of the homœopathic faith by the leading medical minds of the world. All are gravitating towards a common

faith, and the materialism and crude theories of the past are vanishing before the philosophical and logical principle of Similia, called, it may be, by different names, reached by different paths, yet essentially one and the same. Scarcely a medical book of any school has been published during the past ten years in which there has not been a leaning towards the new philosophy, with gleanings from our *Materia Medica*, and a rediscov'ery, with a flourish of trumpets, of truths old to us, which had long since entered into our daily work.

The great world of scientific medicine is moving on, slowly it may be, yet with an irresistible strength and power. It remains to be seen whether we, the pioneers of the new philosophy, who have borne the heat and burthen of the day, shall be outstripped in the onward march. We may yet live to see the time when we shall find the very weapons we have used snatched from our hands, and wielded with a vigor and intelligence which will place those who have been our adversaries far in advance of us in carrying out the same principles for which we have so long worked, and in strengthening with new facts and careful resource our scientific therapeutics.

The greatest drawback to the triumphal progress of our cause is to be found in the wild reasoning and absurd pretensions of men in our own ranks. It is this more than anything which has drawn forth the ridicule and misrepresentations of our opponents, who, notwithstanding their sneers at our school, are steadily absorbing the great principles of our therapeutics and appropriating the vast wealth of our *Materia Medica*, with valuable scientific additions, to their own use.

If we would hold the vantage ground we have obtained, and still stand in the front rank of scientific medicine, our National and State Societies must be conducted with more wisdom than has heretofore marked their course. The truth of the great principles of our faith are dawning upon all minds, called it may be, by other names than ours, seen often dimly and through the mists of early training and previous prejudices, yet it requires no prophet's eye to see that the great principles of a scientific therapeutics will at no distant day—a day which may be seen by some now living—stand out so clear and distinct that they will become a bond of union between earnest, honest, truth-seeking minds in all schools and of every faith. It remains for us to say whether in this mighty awakening in which old idols are being broken and trampled under foot we shall march as the advance guard of progress, or buried in sloth, fighting about non-essentials, defining the difference between tweedledum and tweedledee, drift idly in the past, while the mighty current of human thought sweeps over and beyond us. The great obstacle to progress, in which our own profession and school forms no exception, has ever been the failure to utilize the truths obtained by careful thought and long and earnest labor. Not unfrequently has a victory gained by persistent effort, by patient and unwearied determination been frittered away in wild and often puerile theorizing, and in a rash display of bigotry and intolerance. The National Society, composed of members from every part of the country, should,

by the strength of its deliberations and the wisdom of its plans, so far command the confidence of the community that its suggestions should receive the respect and support due to an intelligent, honest, unselfish scientific organization.

When our National Society shall cease to be controlled by selfish interests; when in its action the advancement of science and the public good shall tower above personal aggrandisement and commercial enterprise, then, and not till then, will the American Institute of Homoeopathy rank second to none of the scientific organizations of the day, and be a power for progress throughout the world.

#### MEDICAL CHARITY ORGANIZATIONS.

The Manhattan Eye and Ear Hospital has been sued by a patient for malpractice, resulting in the loss of vision, with damages laid at the modest sum of \$50,000.

The case has, however, been dismissed, for the present at least, by Judge Lawrence, upon the ground that the institution had exercised proper care in the selection of its attending surgeons.

This case gives rise to the query whether other similar institutions are in a position to expect such a result, should circumstances force them to become defendants under like conditions.

In our opinion there is too much laxity exercised in the selection of officers for medical charity service!

In many instances students, and even graduates, are allowed the care of patients in the hospitals and dispensaries, who are entirely incompetent, both from lack of knowledge, theoretically and practically. If the general public knew how much of this sort of thing is allowed, it would give expression to a just indignation!

These inexperienced young practitioners should not have charge of a clinique until they have been drilled by their superiors, and adjudged equal to the task.

Examine the case books of some of the attending physicians in these institutions, and observe the insufficient data upon which diagnoses are made, and upon which prescriptions are based, and then tell us whether a reasonable medical intelligence is displayed.

The majority of these prescriptions are anything but *homoeopathic*, and display a remarkable ignorance of any system of practice whatever. Medicines are hurled at these poor unfortunates as if they were there simply for the service of experiment and not for the purpose of being relieved from physical suffering.

These records in some instances show also an inexcusable ignorance of orthography, syntax and prosody, which would have detained their authors in a "common school" had the medical college which received them as students exercised necessary vigilance in their admission to its curriculum.

A medical practitioner fresh from college generally thinks he has reached the top of the ladder and displays his egotism and arrogance whenever opportunity presents.

We think there is a disposition, especially in our school, to push young practitioners too rapidly, and place them in positions for which they are entirely un-

fit—a proceeding liable to jeopardize the good name of the school as well as some institutions—and thus prevent positions of honor from being occupied by those who, from education and experience are eminently worthy of the confidence and trust of the community.

The day may come when the trustees of some of these institutions will be brought up with a round-turn by the doings of some of these incompetents, and be surprised to find that they have *not* exercised due care in the selection of their medical officers.

Again, some of these institutions are used in *medical-politics* to such an extent that they have become notorious as meeting-places for these petty politicians, who conspire against the good name of some worthy colleague, and pipe-lay for his injury by means most contemptible and disgraceful.

We take this occasion to warn these public medical institutions to beware! There is a point where forbearance ceases to be a virtue. We dislike the washing of dirty linen in public, but sometimes it becomes a necessity when it accumulates in great quantity and becomes so foul that its stench cannot longer be confined to privacy.

It is not long since a medical institution attempted to protect its own in the perpetration of a most dastardly insult to a large body of the profession, and but for the high sense of justice of one of its ablest and most conscientious officers, *both* of these culprits would have gone unpunished. But, thanks to this gentleman, one at least was brought to partial confession; the other—Well, we shall be obliged to associate with him, undoubtedly, until occasion presents for another similar action, when forbearance *will* cease to be a virtue; and the profession as a body will assert its dignity and purge itself of so unworthy a representative.

In conclusion, we have to urge trustees to be more *vigilant*, and to bear in mind that in accepting official positions, they assume responsibilities which they cannot afford to neglect, or allow to go by default, without the risk of consequences, which, we are sure, they will not be willing to assume.

To all officers of medical organizations we say: How will your institution bear the light of a searching investigation?

#### THE GERM THEORY OF DISEASE.

Dr. Richardson's address before the Sanitary Institute of Great Britain was based on a series of experimental researches which for some years previously he had been carrying out on the question of the mode of production and communication of those diseases which were anciently called "pestilences," but were now called "communicable," or "spreading" diseases. He did not think that a health congress like the present could do better than recall attention to this same subject. The suppression of plagues, he continued, is one of the grandest and supremest efforts of the sanitary reformer. The suppression can never be accomplished until all educated persons understand the advances of modern science as to the cause and mode of origin, and mode of propagation of these diseases. He classed the diseases produced by organic poisons as septinous instead of zymotic, he preferring the word septine from this poison. The diseases thus named are small-pox, measles, scarlet fever, diphtheria, typhus fever, typhoid fever, erysipelas, hospital

fever, puerperal fever (or the fever which occurs to women in childbed), cholera, yellow fever, ague, glanders, boil and carbuncle, infectious ophthalmia. He explained the nature of these organic poisons, the mode in which they escaped from the patient by secretions, and how these poisons might be destroyed. He then touched upon the "so-called germ theory of disease." This hypothesis, for it was false to designate it as a "theory," was very old indeed. He added, "There is nothing whatever, in fact, in the clinical history of plagues that connects them with the hypothesis of an origin from germs produced without the body and entering it to fertilize it and create a decomposition. The germ hypothesis fails, however, on other ground than the clinical. If it were true that living germs possessing an independent growth and vitality enter the animal body, that every disease of a communicable kind is due to its own external living germ, and that the germs continue to multiply and increase by an independent action of their own—if this be indeed true, why do the germs after a certain time cease to multiply and allow the sick person to recover? Why do they not go on multiplying until the person is infected in every part and fatally stricken? Who would get well from a disease due to living, self-propagating contagions? Again, who, if the hypothesis were true, would escape fertilization? A general fertilizing diffusion of self-propagating matter in minute, invisible form, entering the body as the air may enter, could hardly be expected to select a small minority of a population, and if it did so at first, why should it do so when it had seized upon many centers in which it could increase? I need hardly add in objecting to this germ hypothesis, because the fact is admitted on all sides, that not only has no one ever seen a germ disease, but that no one has ever traced any order of germination in relation to any of the communicable diseases. When a really living self-propagating thing goes through its phases of life and action like, for example, the yeast growth, we can trace it through its cause, and during its action upon organic substances can study its effects, the changes it produces and the products of such changes." He then turned to a review of what he called the "glandular theory" of the origin of contagious diseases, and of advances he had made in support of that theory during the last ten years. The poison of hydrophobia is from the salivary secretions; of diphtheria, from the mucous glands of the throat; of scarlet fever, he believed, from the lymphatic glandular secretions; of glanders, from the mucous secretion of the nasal surface; of typhoid, from the mucous glands of the intestinal surface; and so on. A second point which had occurred to him is that the matter or particle which sets up the poisonous action, instead of being living matter, is matter actually dead, and that its effect for evil depends, in fact, upon its being dead. He meant that dead particle of organic matter in contact with living is the cause of the physical change which transforms the new particles of secretion into poisonous particles as they are brought up to the infected surface to be influenced by the infection. On the ground that the poisons were always of glandular origin, he had been led to the conclusion that under certain influences affecting glandular action the poisons may be made to originate directly through nervous impression without necessary intervention of an infecting particle. In many epidemics it is common to see a number of examples of the prevailing disease, the origin of which is traceable to only fear or anxiety. "We call these," the speaker said, "nervous cases, and we try to define them as such and as distinct from cases due to contagion of a direct kind. But the symptoms are the same as those which follow actual contagion, and in epidemics of cholera they take even a fatal character. My theory explains fully the reason of this. It indicates, that an extreme nervous impression acts on the glandular nervous supply, paralyzes the glandular function, and thereupon produces the same phenomena

as is produced in other instances by the action of a special poison. The theory in this manner accounts for the origin of an epidemic disease from an impression made on the nervous system without the direct contact of poisonous matter, as well as for the after propagation of the disease by distribution of poisonous particles when that is communicated from an infected to a healthy person. It accounts equally for the production of disease and of poisonous glandular product under conditions of starvation and cold, by which the nervous tension is reduced.

## Correspondence.

### WHY DID HE DIE?

*Messrs. Editors:* "Died suddenly" is to be noted in nearly every newspaper that comes to hand, and the term is so frequently in our mouths that it seems very important that each case should be carefully sifted, and if any cause can be discovered for the enormous increase of sudden deaths in our midst, it should be made public and avoided. Death often comes suddenly from sunstroke, lightning, gunshot wounds, during severe operations or birth, or confinement, or in certain internal hemorrhages, and that in persons previously sound; but the cases that I wish to call your attention to are of another class. I mean when death comes suddenly in the midst of acute inflammatory disease. It is particularly noticeable in pneumonia, dysentery, malarial fevers, etc., and, as a rule, it is very difficult to get at its history. But in the now celebrated Dwight case of Binghampton we have a full and complete story from the beginning to the end, and I should like you to trace it with me and draw your own conclusions.

Colonel Walton Dwight, of Binghampton, died suddenly November 15th, 1878, at eleven o'clock. His life was very heavily insured in a number of companies, and it became a matter of great importance to ascertain the cause of his death. Among the companies insuring him for a large sum was the New York Equitable, and in an interview with the New York Herald reporter May 7th, 1879, the President of that company gives the public the story of the condition of the patient November 15th, 1878:

"It's a mistake to suppose that Colonel Dwight came to us for his insurance. On the contrary, we went to him. You know what life insurance agents are. Well, our Binghampton agent pressed Colonel Dwight to apply for a heavy line of insurance, and when he consented we were notified that he would take \$40,000. We held off at first—not that we were averse to the business, but because it was a large risk, and we of necessity hesitated. We sent to Chicago to get the facts of his earlier life, and then we asked him to come personally to our office. He came, and our examiners were entirely satisfied. He was a peculiar man—most men are. But, to make a long story short, we were content and so was he. Everything went along smoothly until a fortnight before his death."

"And then?"

"At that time we were notified that there were suspicious circumstances in the case. Some of our insurance friends held that Dwight had falsified in his application, and that in reality he was an impaired risk, and further, that he was endeavoring to kill himself by swimming across a river with his clothes on, and in other ways. We didn't believe it, but it was our duty to look after it, and we at once sent our special agent, Mr. W. H. Smith, of Albany, directing him to probe the matter to the bottom, but to be careful not to traverse decency in so doing. He went, and found the town in a state of excitement. Insurance agents were there by the dozen endeavoring to get back their policies, and creating a state of mind in the Dwight bedchamber that can hardly



be considered a help to the sick. He went to work cautiously, but seriously and judiciously, and satisfied himself that the patient was really a very sick man, but not necessarily a dying man.

#### THE DEATH-BED INTERVIEW.

"Mr. Smith was convinced, however, that seeing would be believing, and set to work to have a talk with the man himself. Being an insurance agent, he of course succeeded, and in his report of November 18, 1878, said: This afternoon I called to see Colonel Dwight by arrangement. He looks remarkably well for a sick man—bright, cheerful and hopeful; is a very fine looking, large man, without the slightest appearance of dissipation about him. He began by giving me his history as a business man, his manner-of life, etc., and denied indignantly that he had ever by any act or habit given any ground for a suspicion even that he was careless of his life. He laughed heartily at the idea of having swam across the river with his clothes on, and on the spitting of blood charge said that in applying for insurance, he had frankly and truthfully told the examining physician when, where and how he had spit blood. He says his lungs are perfectly sound; that he never spit blood from them in his life; that Dr. Porter, of Albany, had recently examined him thoroughly, and was fully satisfied that he is a first-class risk. He said he had always used wine at his table, but was not a frequenter of bar-rooms. He laughingly said that he always 'bored with a big anger': made a great deal of money and lost a great deal; lived at the rate of \$1,000 a month, and took insurance in an amount that represented his idea of the value of his brains and hands to his family. Continuing his talk with the insurance agent, the dying man further said that if he couldn't pay his premiums, his wife could, as her father was rich, but that he hoped himself to be out in a few days to fight the companies that had insured him and now wanted to take back their policies because he was sick. Colonel Dwight gave further evidence of his faith in himself by saying that a heavy contract, promising large profits, was uncompleted, simply because he was sick, but that he expected to sign it when he got out, make a great deal of money, and drop his life insurance. He defied the contesting companies to show that he ever misrepresented his case, and announced his intention to maintain his legal rights and his determination not to be 'bulldozed.' 'When,' said he 'they get through skinning their cat, they won't get as much meat as they seem to think.' Mr. Smith concluded his report as follows: 'He was apparently very frank, looked me straight in the face, and if he is a rascal, is one of the best counterfeits of a straightforward, outspoken man I ever saw. The impression made on me by his manner, his statements, and appearance every way was very favorable. I think that the conduct of some parties who have been here in the interest of other companies is scandalous in the extreme.'"

"What did you do then?"

"Well, we waited, and then on receipt of another letter from Mr. Smith, the company directed the agent to say that we would receive the premium then about due."

"Smith," continued Mr. Alexander, "was delighted. He came back to the city, and was in the act of describing his interview with Colonel Dwight on his sick-bed and predicting the row he would make when he recovered, when the door opened and one of our agents came in to say 'Colonel Dwight is just dead.' We were at once confronted by two duties—the first was to keep faith with our policy-holders and pay the \$40,000, the second to protect the society and see that it was not imposed upon. We at once asked our doctors, 'Who is the medical authority here that will give us the best and most honest judgment?' They replied, 'Dr. Delafield.' Already the other companies were at work. Some of them were determined to prove suicide. We were honestly anxious to know the facts. If the man had com-

mitted suicide, it was our duty not to pay the insurance, as it was our duty to pay it if it was a natural death. Dr. Delafield went up and took charge of the autopsy. His report the Herald has published. Suffice it that he ridiculed the idea of strangulation, and came back perfectly satisfied of the naturalness of the death. One of Dwight's curious requests was that a post-mortem examination should be made."

"Did you pay on receiving Dr. Delafield's report?"

"We obtained Dwight's entrails and thought of having Professor Chandler examine them, but he charged \$1,000, and there really was no need of it. You see, Dr. Swinburn was present with the others, and he coincided with the autopsy made and the report. We generally pass twenty claims at a meeting of the Board, but to the consideration of this one we gave an entire session, and finally concluded to pay it at once and in full."

"And you did it?"

"And we did it."

"Have you any sympathy with the present investigation?"

"As a matter of policy, no. Having accepted the premiums, and having carefully investigated the whole matter just prior to Dwight's death, with what face could we stultify ourselves by pretending that we feared fraud?"

"Then you don't believe they will discover anything?"

"Not a thing. You will find that the companies will in the end be compelled to do precisely what the Equitable did in the beginning."

The paper containing this interview also contained the evidence given by the nurse, the attending physician and the sister of Mrs. Dwight, who was present at the death-bed.

The first witness to-day was H. E. C. Germans, who testified that he had business relations with Mr. Dwight and he was with him the night before his death, and he sat up with him two nights; he was there until noon of the day he died, when the Colonel complained of prostration, and he was bathed in bay rum and brandy; he vomited once or twice through each night and slept but little; witness had talked with Colonel Dwight about his business on the day of his death, and he seemed to realize his condition of weakness; he was never present when deceased had one of those alleged chills; during this prostration he did not observe that the face of Colonel Dwight was pallid or "pinched;" his pulse seemed slow and weak; his general position in bed was upon his back, with his head high up on the pillows.

Testimony of Dr. Burr, Jr., attending physician:

At a quarter past eight on the night of Dwight's death he gave him three-quarters of a grain of morphine, and at a quarter past nine a hypodermic injection of morphine; he seemed quiet and natural at that time.

Mrs. Ruth Owens, the sister of Mrs. Dwight, was then called, and testified that she was in an adjoining room with Mrs. Dwight on the night of the Colonel's death; at eleven P. M. they were aroused by a loud rap on the door; it was a very earnest knock; Mrs. Dwight went out first, about five minutes before witness found Mr. Spaulding in the room giving him brandy; supposed he was alive at that time; they were giving him stimulants, and Mrs. Dwight said he was swallowing them; the expression of his face was pale and the eyes were partly closed; did not notice that his tongue was out of his mouth; witness had a conversation with the Colonel during the afternoon of the day of his death; he said if he had another chill he was afraid he would die; did not observe anything of a cord or twine about him.

It is only necessary to add that the autopsy failed to discover any cause of death, and so—

1. Dr. Delafield gave it as his opinion that Colonel Dwight died of paralysis of the heart.

2. The two Drs. Burr, regular physicians of the deceased, testified that he died of a congestive chill.

3. Drs. Swinburne, Sherman and Bridges account for

his death by strangulation, believing that he hanged himself on the headboard of his bedstead.

Why did he die?

If he died of paralysis of the heart, is it possible that the three-quarters of a grain of morphia given at quarter past eight and the hypodermic injection of morphia at quarter past nine had anything to do with the cause of death at eleven with "vomiting and fatal collapse?"

If he died of congestive chills, is it not singular that the nurse who was with him for two nights previous to his death did not see him in one? And if he died of strangulation, is it not singular that they did not find the post and the rope?

The verdict of the Coroner's jury was:

"We do find that the said Walton Dwight came to his death at the Spaulding House, in the city of Binghamton, on the 15th day of November, 1878, from exhaustion of the vital powers produced by protracted vomiting, malnutrition and the enervating effects of malarial poison, terminating in fatal collapse; and furthermore we find that the said Walton Dwight did not come to his death from suicidal or homicidal causes."

In the light of this simple statement of facts, what will be the verdict of the medical profession and the public at large remains to be seen. S.

*Messrs. Editors:* In the May number of your valuable journal, I observe a report of the transactions of the Homoeopathic Medical Society of the State of New York, in which my name is made to figure most conspicuously and most unexpectedly to myself. I quote. Prof. Dowling spoke as follows:

"Mr. President, Ladies and Gentlemen: I hold in my hand what purports to be a copy of the transactions of the Homoeopathic Medical Society of the State of New York for the year 1878. For the first time, two days ago, I took up this book for careful perusal, and as I read my blood boiled with indignation."

I propose, Messrs. Editors, to reply to the statements made by the very erudite and distinguished Professor, Dean, &c., &c., seriatim, and, in order to economize your valuable space, as succinctly as possible.

And, first, as regards the blood-boiling attack to which the very erudite and distinguished professor, &c., &c., was so painfully subjected. Blood-boiling attacks are generally supposed to be sudden and evanescent, and inasmuch as the exciting cause seems to have been occasioned by what occurred twelve months previous to the invasion by which the very erudite and distinguished professor, &c., &c., was assailed, it may be reckoned among those affections which are known to the profession as cumulative, remaining dormant in the system in order to undergo the process called incubation, and suddenly to explode, and overwhelm the victim by their detonating and destructive force. 'Tis true, that in this instance, the very erudite and distinguished professor, &c., declared that two days only were sufficient to develop the untoward effects before mentioned, but I shall endeavor to show that, from my knowledge and experience of the very erudite and distinguished professor, one of the most prominent characteristics attaching to him is a remarkable facility of memory, or, perhaps, elision of that faculty, whereby antecedent occurrences are, we may charitably suppose, forgotten, and antecedent declarations ignored and denied, or else nature, in her otherwise bounteous affluence in his mental organization, may have denied him the development of the cerebral convulsion wherein memory is supposed to hold her seat.

Again I quote: "I regret and can but express surprise, that, in a great medical society like this, there was not a person present who would venture to offer a protest against the one-sided intemperate speeches made in advocating certain perfectly proper resolutions offered by my friend of years gone by, my friend of to-day,

Dr. Watson. I say proper resolutions, undoubtedly intended so to be. But if my friend had carefully considered those resolutions before offering them, &c., &c., the society would have been saved the disgrace of having printed in bold type in its annual transactions speeches intemperate in tone, untruthful in substance, speeches containing statements which, if true, would brand all connected with that college with shame." To this I reply that it might very much more properly be the subject of surprise, that there was no person on this last occasion who would venture to protest against the flippant insolence and impertinence with which the members of the society and their acts were characterized and assailed by this very erudite and distinguished professor, dean, registrar, &c., &c.

Again. "Nearly ten years ago, owing to certain supposed irregularities, owing to misunderstandings and a lack of harmony between the members of the Faculty, the Board of Trustees, who have the power to appoint and remove incumbents of the various chairs, in virtue of their authority, declared all the chairs in the college vacant, and proceeded to re-organize the Faculty. Among others, an invitation was extended to Dr. Carmichael, who was tendered by the Board of Trustees the Chair of Anatomy in the new Faculty. A letter was received from Dr. Carmichael declining the offer, and stating as his reason for declining that the New York Homoeopathic Medical College, as re-organized, had no legal existence, &c., &c." In this matter, to the best of my recollection, the facts are simply these: There were no misunderstandings, irregularities, or lack of harmony among the members of the Faculty at that time, but on the contrary a most pronounced and unmistakable unity of sentiment respecting the unwarrantable outrage by which, without warning, the members constituting the Faculty were dispossessed of their seats, and the college turned over to a truculent and uncompromising usurpation. I declined the offer of the Chair of Anatomy spoken of by the very erudite and distinguished professor, dean, &c., &c., because I have always, from my earliest life, been impelled by an honorable sense of the relations of life and the circumstances which call for the exercise of duty and obligation. My duty held me to the interests of those with whom I was then associated, and hence my declination of the position offered. I then, at the request of my colleagues, wrote and published a paper exposing and denouncing what I believed to be an outrage and an usurpation. At a subsequent period, having had ocular evidence, through the kindness of Dr. Carroll Dunham, that there were just grounds for the suspicion that irregularities had been committed in the administration of the then college, I lost no time in writing and publishing a recantation of the paper already written and published under a misapprehension of facts, and freely acknowledged the error into which I had been unwittingly led. That paper will be remembered by the profession. Again. "The chair of anatomy was now vacant, and two years had elapsed—time has a tendency to heal breaches. Again Dr. Carmichael was approached on the subject of lecturing in our college. We offered him the position of lecturer on anatomy, with the title of professor, agreeing to give him, should he accept, \$500 for his winter's service," etc., etc. The prompt recantation of my error as above stated, will show whether I had an indisposition "to heal breaches" or not, and I accepted the right of the Board of Trustees to reorganize the college upon a new basis. As stated by the erudite and distinguished professor, I was approached again upon the subject of lecturing in the college; and I well remember, the day when in his office, and utterly subdued by his august presence, the proffer of the chair of anatomy was made, and, after appealing to my sympathy for the then rather impecunious condition of the college, enforced by the suave and tender impressiveness which we have all so often seen as the one special attribute of the very erudite and distinguished professor; for who that has

ever seen him upon the platform, or at a fair, or as one of, if not the most prominent object in a dramatic impersonation for some so-called charitable purpose, in which he could air his pretensions when, "though he made the unskillful laugh, could not but make the judicious grieve," I say, who that has ever seen him thus, but will echo with the immortal bard:

"But man, proud man, drest in a little brief authority,  
Most ignorant of what he's most assur'd;  
His glassy essence, like an angry ape,  
Plays such fantastic tricks before high heaven  
As make angels weep."

To return to the interview; and here I would signalize another instance of the imperfect working of the afore-said cerebral convulsion, the home of memory. He states that he offered me \$500. My cerebral convulsion stands me in better stead, and I distinctly remember that \$400 was the sum named on this occasion. I ventured meekly and tremblingly, for I am free to say that I was desirous of obtaining the position, in order to renew the lectures in which I have always been much interested, to protest against the inadequacy of the amount when the labor and toil incident to the chair were considered. Again was the chord of sympathy within me made to vibrate by the suave and tender tones of his matchless and mellifluous eloquence. I still resisted the soothing influence, when, in a moment of forgetfulness of his syren song of the impecunious and uncertain condition of the college, and only recalling the value attaching to his own personality, in which were embodied dean, professor, and all his other distinguished belongings and credentials, he arose from his chair, and with graceful and lordly stride the apartment wherein we sat was measured and an ample opportunity given for the display of his imposing and majestic proportions—

"The glass of fashion and the mould of form,  
The observed of all observers."

—And thus he hastened to deliver himself to the culprit waiting upon the flat that should pronounce his doom. "You ask for more compensation, but, doctor, you know I must keep my carriage." At first, no bolt ever launched from the hand of Jupiter Tonans, and which reverberated around his Olympian home, could have been more appalling in its physical effects than was this blasting and withering destruction of my fond wishes; but in time I rallied, my senses resumed their wonted sway, and the tablet of my mnemonic cerebral convulsion unfolded and presented to me the response given to an applicant, humble like myself, and who cried in tones of deprecation, "*Il faut vivre!*" and who was answered in the memorable words of the philosopher and wit, Voltaire: "*Maisnon, Monsieur, Je n'en vois pas la nécessité,*" which, inasmuch as I have never had any knowledge of, or any reason to believe in his literary culture, I will translate for the benefit of the very erudite and distinguished professor, dean, etc., etc.: "I must live." "No, sir, I see no necessity for that," nor did I then see a necessity for contributing by my labor to the maintenance of the equipage of the very erudite and distinguished professor, etc., whereby he might hope to flaunt and disport his tinzel magnificence both here and at the annual Saratogian Vanity Fair.

And now we reach the monied part of this matter, and which seems to have been the head and front of my offending. For the next succeeding two or three years I continued to labor assiduously for the benefit of the college, and to the best of my ability, for the miserable pittance of \$500, and that most grudgingly given. During this time I was in a very enfeebled condition of health, and I often felt as if it was at the peril of my life that I underwent daily the labor incident to the Department of Anatomy. Again I quote: "At this time, in compliance with Dr. Carmichael's request, we raised his salary to \$900 for the term, he agreeing to superintend the practical anatomy room. He continued for two years

to receive this amount annually, notwithstanding the fact that no member of the governing faculty had received a dollar. I mention these facts in regard to these paid lecturers to show you their relationship to the college," etc., etc. Why was my salary raised to \$900? Not because of any sense of shame in the conscience of the very honorable, erudite and distinguished professor, &c., &c., that I was undergoing excessive labor which involved not only the daily duty in the lecture room, but also instructions in the dissecting room, and over the cadaver instruction, comprising the application of anatomy to physiology, pathology, surgery, and indeed everything that I could possibly present for the benefit of those under my tuition until 10 or 11 o'clock at night. I say not because of these, but because of a feeling of kindness and sympathy in a friendly heart, which felt the justice of it and urged it. I continued to serve at this rate because of the old story of impecuniosity, not the only story to be told, as the sequel will show, though I made application for another increase, to which I thought my work justly entitled. Now mark the sequel. I received a note one fine morning from Prof. Lillenthal, who was appointed to confer with me, stating that because of complaint among the Faculty that I was in receipt of more money than any of them, it was resolved to request my acceptance of a *pro rata* distribution, sharing alike with the others. Now there arose in "my prophetic soul" the suspicion that this was but a subterfuge to conceal a deeper design, which was that if I rejected the *pro rata* distribution—which, when considering my arduous duties, I was at first impelled to do—the purpose was to supplant me whether I rejected it or not. Before my response to Prof. L.'s communication was received by the Faculty, in which I accepted the proposition made, and which common courtesy demanded should be received and considered, my successor was appointed. Now I ask if this was not pretty sharp practice, to use the mildest term. Again: "Why did you remove so eminent and renowned a man from your Faculty? One reason was because his course of lectures, though able as far as it went, was not a complete course." Thus speaks the honorable professor, dean, &c., &c., in answer to inquiries made. Let us see how it bears the test of truth. We all know, do we not, gentlemen of the JOURNAL, that there is unhappily too prevalent a custom among teachers in many of our public institutions to get over superficially enough and as rapidly as possible, the duties assigned to them in their respective positions, and, from common report, there is no teacher to be found whose so-called teachings bear the stamp of inefficiency and incompleteness, and want of originality of both thought and expression, and only marked by these when used second-hand by the very honorable, erudite and distinguished professor, dean, &c., &c. For his quiet and unblushing use of other men's property in this direction is proverbial, a by-word and a jest. As regards the incompleteness of my course of lectures, I unhesitatingly affirm, and defy truthful denial, and I appeal to my students, who have listened to my instructions, to bear witness to the correctness of my statement (I do not mean those of them who have been cajoled and entrapped by cunning, deceit and false promises of future professional aid, instances of which falsity and deceit have come to my knowledge, and made to turn against me, but those who have honorably resisted or not been subjected to these treacherous blandishments, used for selfish purposes) I say, to bear witness to the scope given to each lecture, beginning even with the bones, in the discussion of which were united, vessels, nerves, muscles, and their relations to anatomy, physiology, pathology, surgery, &c., and all that tended to make a complete and practical study of the great science of Anatomy. In this connection I may state that an application was made to me by some of the students to deliver, in addition to my course, a few lectures on Cellulology. To this I consented, having first ascertained



from the Dean that there were no objections to my doing so. This fact may not dwell in the cribriform cerebral convolution of the very honorable, erudite and distinguished professor, dean, &c., as well as some others which I shall mention. I desire to analyze the words "complete course" as used by him. If I am to understand that they are used to mean the beginning at the opening of the course at the title page of Gray's Anatomy, absorbing it word for word by a process known as cramming, ejecting it superficially so as to get through with the lecture hour, or worse still, getting through with it by what may be called rapid transit anatomy, through the agency of which the vertebral column and three or four of the cranial bones may be disposed of in as many lectures, as I am credibly informed, and hurrying on so that the congratulations and "well done, thou good and faithful servant," may be bestowed by the honorable professor, dean, &c., *étatis quanti*, and solicitations indulged in that the "finis" had been successfully reached in the carefully prescribed time, I say, if such be the interpretation of a "complete course," I not only can lay no claim to it, but would scorn to belittle the great science of anatomy by peddling it at so cheap a rate. Then, Messrs. Editors, if my analysis of the term complete course be correct, I but expose another of the paltry subterfuges resorted to by the honorable professor, dean, &c. &c. And now having won the affections and admiring approbation of his audience, to whom he thus suavely and sweetly says, "I trust, ladies and gentlemen, you are now familiar with the relationship existing between Dr. Carmichael and the New York Homœopathic Medical College." He dons his armor again, and undaunted enters the lists against a doughty champion, not in name but in courage, whose clever interpretation of many of the motives which have actuated the honorable professor, dean, &c., and his colleagues, with the exception of two of whom I am cognizant, in whom I believe truth and honor reside, and to whom I hereby make public acknowledgment of my appreciation of their honorable consideration for right and justice, as well as personal consideration for myself as since declared to me, I say champion and defender, in the person of Dr. Thomas Wildes, who was so near the truth when he made use of the expression, "He was removed to gratify some personal spite," that "the galled jade did wince, and withers were wrung indeed, and the piteous cry" came, "Are you sure you are not actuated by what is equally culpable, personal like," showing thereby, not only personal spite to myself, but absolutely mingled with it a jealousy of a friendship which showed itself in one of the truest of all tests, defense of the absent. Rochefoucauld has said: "*Les absents ont toujours tort*" which I will translate for the benefit of the erudite and distinguished professor, dean, &c., &c., "The absent are always wrong," but in this instance the French philosopher was not correct, for the absent was nobly defended, and I hasten to record another acknowledgement to my friend Dr. Wildes, for his interposition in my behalf, against the shafts of calumny and malignity launched by the honorable professor, dean, and here I quote his words again, in confirmation of the term personal spite, for, as will be remembered, even before I entered the college, a personal feeling of animosity existed against me because of my faithful adherence to my old colleagues, in which I was prompted by a sense of duty and proper personal obligation. Then to deny the charge of personal spite, as used by Dr. Wildes, is to mark a reach of audacity that few may attain, but fully within the moral compass of the honorable professor, dean, &c. "I quote," again: Dr. Wildes says, "When the President of the Faculty was finally asked why Prof. Carmichael was removed, the answer came, 'because his examinations were too rigid.' They were none too rigid, our students answered his questions well, but they were too lengthy. Why a man could have written a whole anatomy in answering those questions, &c., &c." I cannot remember

how often amused surprise has been expressed to me, when upon being interrogated by friends as to the causes of my removal, I have cited the severity of my final examination as one of them, for as will be seen further on, this was one of three given to me by one of the faculty, the reply has invariably been, that it was rather an unusual objection to a teacher that his pupils were subjected to a thorough test of their proficiency. But I wish to record here another subterfuge of this honorable professor, dean, &c., &c. On the morning of my last examination, I received a note from him, written in hot haste, in which he desired to confer with me before the examination was held. By some means, how I know not, he had obtained possession of one of my printed examination papers. He mildly and suavely as of yore, suggested whether I did not consider it a little too severe. I replied that my object had always been to elevate the standard of education in the college, that I had always labored to that effect, and that there was not one question on the paper, the subject of which had not been fully discussed by me. After some little conversation, he left me under the impression that he was satisfied, and that all was well, the examination was then conducted to a successful close, and many a time since have I had students to thank me personally for that examination, and also to congratulate themselves that they had come under my tuition, and successfully passed my chair before I left the college. So much for the "interests of the students," which were so close to the heart of the honorable professor, dean, &c., as given by him as a cause of my removal, notwithstanding that further on in the course of his remarks, he ignores my criticisms upon Dr. Paine's letter to me, in which Dr. Paine distinctly declared that one of the causes of my removal was my rigid examination, he summons his usual effrontery, and thus escapes the real and substantial points at issue, I may here with propriety and by consent reproduce the comments of the Senior Editor of this journal upon my examination paper. They were to the effect that there was a remarkable anatomical and physiological sequence in the order of the questions, and well-calculated to discover the knowledge of the student, and make him give evidence of his proficiency in the department of anatomy.

"Why, a man could have written a whole anatomy in answering those questions." Here the honorable professor, dean, no doubt very unwittingly, pays me the highest compliment he could possibly have done, and doubtless I shall cause him great chagrin when the knowledge of it is given to him, because it tends to utterly draw the fire of one of his, as he supposes, most destructive blunderbusses, viz.: the failure on my part to give a "complete course," and which I have fully answered elsewhere.

Again in relation to this examination. During my association with the Woman's College, in Lex. ave., the same paper, with additional questions, has been submitted to the students there, and the ordeal successfully passed by many, and in some instances in marked contrast with the answers made by many of the students of the male college to the advantage of those of the female. So much for the question of examination.

"It is said that the Trustees of the college protested against his removal. Strange; I was present at this meeting and knew nothing of that protest till I saw it recorded in the minutes of your last annual meeting. If they, the Trustees, had felt the necessity of protesting against his removal, would they not have exercised their right and prevented his removal?"

To this I reply. In relation to the surprise manifested by the members of the Board of Trustees, when the necessity for my removal was announced to them at the meeting called at the house of the honorable dean, &c., I repeat here again, and I defy truthful contradiction, that I was distinctly informed by Mr. Wales, Dr. Hallcock and Mr. Marshall, that they were greatly surprised at the proposition made to them, as they had always

been given to understand that if there was a department in the college which was successfully conducted, it was the Department of Anatomy, and that I, so to speak, was the right man in the right place.

It did not suit, however, the purpose of the very honorable professor, dean, &c., to be defeated in carrying out his nefarious design. Then came the story of my interfering with the harmony of the Faculty. This honorable professor, dean, &c., did not say to these gentlemen of the Board of Trustees that the real causes for my removal were: First, that he had to remunerate me—however inadequately—for my labors, for the work could be done, or rather tried, at a cheaper rate; second, that even before I entered the college, there was a small and petty hostility to me, unworthy of men and gentlemen; third, that my examinations were too rigid; fourth, that I taught too much, viz.: histology, &c.; fifth, that I described anatomy too minutely. Oh no, he did not dare to do that, but he succeeded by the cry of no charges, no charges, only want of harmony, and now let us see if it has filtered out of his cribriform cerebral convulsion, that at a subsequent date, when I informed him that these gentlemen had told me of their unwillingness for my removal, and their desiring reasons why I should be removed, and only acceding thereto when the changes were rung upon the lack of harmony, &c., I say that with his usual mnemonic facility, it has doubtless filtered away from his leaky organization, both moral and physical, that he quietly and coolly informed me that the Board of Trustees were merely the agents of the Faculty, to do their behests, mere figure-heads, automatically, as it were, complying by their organization with the legal requirements imposed upon them, &c. How does the poet portray such a character as this, I will tell you:

"Like one, who having unto truth  
By telling of it, made such a sinner  
Of his memory, to credit his own lie."

I pass over with scarcely a comment the imperturbable audacity with which it is announced that the college is not run in the interest of a clique. It would be to belittle the intelligence of the profession in general to attempt to prove the contrary. But let us see how the honorable professor, dean, &c., was affected when he was told that "those who signed that petition—here referring to the petition for my reinstatement, as will be remembered, and which was started and promoted by my friends in the profession—are powerless in the face of the organized set who run the college." How was he affected? The tears were stimulated in his lachrymal laboratory, their fountain stirred to its deepest depths, his gentle heart pierced by this incisive shaft, found vent for its emotion by the deprecating cry: "Such kind, such courteous language." Upon recovering from his tearful condition what does he do? He summons his wonted effrontery and replies by an untruth pure and simple. I quote: "Why was he not reinstated in answer to that petition? By whom was this petition signed? Did it emanate from those directly interested in the welfare of our students? No. Was it signed by the students themselves? It was not. Why was this petition not acted upon? I will tell you why. Because the Trustees received another petition which was signed by those most deeply interested, signed by the students themselves, all of them, &c."

I have quoted thus at length in order to respond to the various statements made by the honorable professor, dean, etc.; and first, the reasons why I was not reinstated I have already given in the matter of salary, examinations, personal spite, etc., etc.; second, the petition for my reinstatement was signed by over sixty of the most respectable and prominent homoeopathic physicians in the cities of New York and Brooklyn, and it was because of their interest in the welfare of the students and of the college, and their belief that the welfare of the students was being duly considered by

me in the department under my supervision and care. The honorable professor, dean, etc., was here again the victim of another elision of his cerebral convulsion; or perhaps was unwilling to remember, certainly to say that the petition was headed by Dr. E. E. Marcy. How is it now with him? What relation does he bear to the college? Dr. Wildes has thoroughly exposed that little game.

And now I proceed to uncover what in my judgment is the most pitiful part of this very pitiful business. To his question, "Was it signed by the students themselves?" and to which he replies in the negative, I respond that the question is a perfectly silly and irrelevant one. The petition in my behalf was, as I have before stated, proposed and signed by physicians of the best standing in the community. It was never designed to be signed by students. It derived its special value to me from the fact that, though unsolicited by me, it was so generously responded to; and I here record the pride and gratification I have ever since experienced when I have recalled this kind and friendly act.

And now, with a great flourish of trumpets, the honorable professor, dean, etc., produced a petition that was said to have been signed by seventy or eighty junior students to the effect that I should not be reinstated. Let us look a little into this and see if it will bear the searching light of truth any more than the various other assertions made by this very honorable professor, dean, etc., etc. Did he inform his audience that previously to the getting up of that petition that two meetings had been held by the students—my former pupils—the object of which was to request my reinstatement, because of their desire to have me recalled, as also that my name, as professor of anatomy, should be written upon their diplomas. Did he never hear of these meetings or did he, as is most probable, conceal this fact? Why was not the object of these meetings carried into effect? It was because certain of the timid among them were prevented from expressing their sympathy through fear of having it visited upon them at their final examinations. Threats to that effect had been already sounded in their ears. Of these facts I have had various and indisputable proofs. How, then, was this petition, which was displayed with so much self-satisfaction and delight, procured? Was it started by the honorable professor, dean, etc., seconded by his colleagues, and fostered by certain of my former pupils who were disaffected to me by the means already shown to have been practised? Again, the petition was signed by junior students—doubtless by many who had never been under my tuition, and therefore had no interest in the matter, one way or the other, beyond doing as they were instructed to do. If my interpretation of this dirty piece of business be correct, then shame upon this honorable professor, dean, etc., for practising such deception and enforcing it with false words and brazen effrontery. I quote: "He had every reason to know that it was only by courtesy that he attended some of the meetings of the faculty." My attendance upon faculty meetings was, I am free to say, the exercise on my part of an act of courtesy and respect toward certain members of that honorable body with whom I was, and am still, in pleasant and friendly intercourse—certainly not from any expectation that I should receive pleasure or profit, except in the way occasionally of the amusement to be derived from the "I am Sir Oracle, and when I ope my mouth let no dog bark" exhibitions so irrepressibly afforded by the honorable professor, dean, etc., and which often taxed my "*Levator labii superioris*" in my efforts to keep them in a condition of polite rigidity. Never shall I forget an occasion on which he spoke of resigning and the coy and deprecating tone in which he seemed to resist the remonstrances which fell upon his ear. His resistance, however, proved to be feeble, and with a sweet smile, beaming with affection for his dear friends, he illustrated the story told by the poet, who, in depicting the

coy modesty of his heroine, thus tells of her yielding: "And whispering I will ne'er consent, consented."

"Although I did speak of his brilliant course of lectures." A little further he says: "When he claims I spoke of his brilliant course of lectures, I quote this merely to give another evidence of that faulty cerebral convolution." "If we had no reason for the change, the deportment of Professor Carmichael since his connection with the college ceased has been such as to convince every member of the faculty that no mistake had been made, etc. I entertain no malice towards him, but must acknowledge no special fondness for him ever, and but recognized his ability, and I had hoped he would be present to-day, etc., etc. As I was driving through Fifth avenue I met Dr. Carmichael, and, as is my custom under such circumstances, I politely lifted my hat and bowed. He looked at me as if he had been insulted, and accompanied that look by no mark of recognition.—poor me!" To all of which I respond. The change in deportment, of which the honorable dean, professor, etc., complains, was due to a very simple fact. In the days of ancient Rome, her sculptors, before selecting a piece of marble, from which, under their cunning hands, their pregnant thoughts and artistic conceptions, were to leap into living immortality, were in the habit of passing the nail over it in order to detect the flaw in the yet cold and dull material; which nature had been silently and for centuries concealing in her bosom; and when found to be imperfect by this crucial test, the ineffectual marble was rejected or fitted for baser uses. From this test grew the old Roman apothegm, "*Homo fictus ad arguend.*" which I will again translate for the benefit of the crude and distinguished professor, dean, etc. "The man made to the nail, or, in our more modern vernacular, the perfect gentleman, in this instance the nail test was a little too crucial and too searching, and here the honorable professor, dean, etc., may find a solution of the difficulty of which he complains."

"I entertain no malice," etc., "but must acknowledge no special fondness," etc., etc. Again, does that faulty cerebral convolution bring its unhappy possessor into an abnegation of himself. In the beginning of his remarks he thus declares: "Now, Mr. President and members of the society, I wish it distinctly understood that in the remarks I shall make I am actuated by no feelings of malice, no feelings of anger towards any one." And yet he could not remember these declarations, or could not help indulging his little fling against your humble servant, which, by the way, was about as harmful as the buzzing of a gnat; and the words "no special fondness for," etc., was a convenient term to hide a heart full of malice and hate, and which perhaps will not be eased when he reads these lines. Most heartily do I echo his wish that I had been present, etc. Gods! it must have been a goodly sight—most exquisite entertainment—to see him strut his brief little hour. To his exclamation "Poor me!" which was, no doubt, said in derision of my non-recognition of him, and the reason for which has already been told. I reply, first, in the words of two patients of a professional friend, who, on reading this part of his remarks, said: "What a silly fellow." And I will add, in response, poor Poll, as she swings in her lonely cage, reiterates: "Poor Poll! poor Poll!" and in her melancholy maunderings, if she shall have been taught to deride the weaknesses and follies of human nature, she may be heard to sigh: "Poor fool! poor fool! lackaday!"

"Prosperity of the college owing to hard work and a lack of disturbing elements." Who does the hard work, Messrs. Editors? Certainly not this honorable professor, dean, etc. Two or may be three lectures a week, collated, as we know, from Ziemssen and others, and his department shared by another—a conscientious and honorable gentleman, Dr. Bradford constitute the hard work, so far as the lecturing is concerned. Perhaps he might claim the onerous duties of his position as dean

registrar, etc., in the performance of which he has, to my knowledge, and doubtless does still, appropriate various outside aid. And here we reach a point at which the honorable professor, dean, etc., suffered, according to him, the most fearful blood-boiling paroxysm. I quote: "With regard to his criticisms upon the letter of Dr. Paine, and the action of the Board of Trustees, which, it will be remembered, I have already disposed of, I have no remarks to make, and can excuse—dear, good, easy man, so many thanks—all that portion of Dr. Carmichael's speech which precedes what I am now about to read, but this, ladies and gentlemen, makes my blood boil—such accusations! If I was mean, contemptible enough to do anything so small, so low, I should want to hide my face forever." In order that all this may be understood, I am compelled to copy the words used by myself at the meeting of the State Hom. Med. Society, held at Albany February 13th and 13th, 1878, and which so frenzied the honorable professor, dean, etc.: "They have even carried their animosity to me so far as to remove from his place, as janitor, Enos Hall, a colored man, who also performed most efficient duty in the dissecting room, and whom my pupils well and kindly remember because of his devotion to me, and because of his having circulated notices of a private course of instruction by me, etc., etc."

Enos Hall is now in his grave, to which he was hastened, as I verily believe, by the meanness and indignities to which he was subjected by this very honorable professor, dean, etc.

If the cerebral convolution of the honorable professor, dean, etc., can hold anything, which its cribriform character would seem to make impossible, he will remember that in spite of the opposition of the whole faculty, Enos Hall was restored to his place in the dissecting room because of his remarkable efficiency there, and because of the urgency with which I seconded his recall. I had known him, for he had been in my service for years in the old college. I knew well his unusual fitness for the place he occupied, and never had occasion to complain of his want of faithfulness in the performance of his duty to me. If he ever slackened in the faithful discharge of his duty after I left the college, or, rather, after I was turned out of it, the cause must be looked for elsewhere. His admirable dissections are no doubt well remembered by very many of my pupils. During the winter months, when in the employ of the honorable professor, dean, etc., at a pittance; during the spring and summer succeeding, he was left to starve or subsist as best he might; and many a time have I aided him to the best of my ability (and know you have done it also, Mr. Senior Editor), to tide over the intervening time until the succeeding winter, when he might hope to wrest something for his arduous services from the hard grip of the honorable professor, dean, etc. Of the remaining portion of his remarks and his *coulour de rose* representations of the useful and successful career of the college, I shall waste no time in discussing. I think I have exposed enough of his folly and misstatements, and here gladly take my farewell of him.

JAMES A. CARMICHAEL, M. D.

*Messrs. Editors:* It is possible that my experience here in the cold climate of Minnesota practicing amongst Danes, Germans, Swedes, Norwegians and Americans may have been an exceptional experience, or it may be that my early efforts as an allopath have left me incapable of grasping true homœopathic principles; but of this fact I feel satisfied, that prompt success in grappling with disease is not obtained by any internal medication with highly potentized single remedies. In the practice of our profession we must give full scope to the exercise of that indispensable aid "Common Sense." Guided by it, no hesitation should be felt in impressing into the service any legitimate means to the end, nor in exhibiting remedies or a combination of remedies, accord-



ing to the exigency of the case. Judgment first and the books afterwards. Not that our faith in "Similia" should be less, but that our readiness to cluster around it every reinforcing agent within our reach should be greater.

There is always danger in extremes; strength lies not so much in the sole reliance upon a single resource as in a choice or combination of many resources; and the curse of homoeopathy in this Western country is the influence of those practitioners who have been taught and never forget that "*Similia Similibus Curantur*" means the homoeopathic remedy, whether it be the mother tincture, 10th, 30th or 3000th, dissolved in half a glass of water, and then a waiting for results.

If the patient grows worse it may be a medicinal aggravation, but no aggravation to them; have they not prescribed according to "the law"? This method is to them the only "orthodox" way; anything else is allopathy.

This kind of practice seems sometimes to succeed, but the sad and almost criminal failures which are constantly being made seem to leave them nothing, while the true progress of the study of medicine is retarded, and its adherents brought to grief.

I am satisfied that no progress can be made here until physicians come to see the necessity of broadening out, and appropriating to their use every crumb of knowledge, every bit of experience, every fact, from whatever storehouse of learning it may be obtained, that commends itself to their "Common Sense" and good judgment; until they learn that the law of Similia is the best general rule of practice, and not the only rule.

Fraternally yours,

M. M. DODGE, M. D.

ALBERT LEA, MINN.

#### Editors HOMOEOPATHIC TIMES:

GENTLEMEN: Realizing the interest felt by the profession at large in the asylum under our care, we take pleasure in presenting a few facts showing gratifying progress during the past year.

The census to-day numbers a total of 174—of these 97 are females, and 77 males. This is a marked and satisfactory increase, showing a healthful and steady growth.

During the winter an appropriation of \$75,000 has been secured from the Legislature, with which to begin the erection of a new pavilion for female patients. Another wing to the asylum is a pressing need, as the wards for female patients are already full. It speaks well for the institution, and for the energy of its managers and friends, that so large a sum could be secured for building purposes at a time when "economy and reform" are the watchwords of all parties.

Messrs. Grinnell Burt and Uzal T. Hayes, the present Vice-President and Treasurer, have been reappointed by the Governor and Senate as trustees for another term. William Herring takes the place made vacant by the resignation of H. M. Paine, M. D., and Hiram T. Sibley is appointed to a position on the board in place of A. E. Sumner, M. D., whose term of service expires June 1, 1879.

Financially and curatively the asylum is sailing in prosperous and successful courses, and the utmost harmony of feeling and action prevails between the Superintendent and the Board of Trustees.

The present staff of medical officers consists of Dr. Selden H. Talcott, Medical Superintendent; Dr. William M. Butler, First Assistant Physician, and Dr. N. Emmons Paine, Second Assistant Physician. Miss Georgie Horton continues to make special examinations of female patients, and perform such other gynecological work as the Superintendent may direct.

These are all earnest and enthusiastic in the trying and delicate work to which they are devoting the best years of their life.

DR. ALONZO P. WILLIAMSON, formerly first assistant physician at the N. Y. State Homoeopathic Asylum for

the Insane, has returned from Europe, where, for a year past, he has pursued special studies in medicine under the most distinguished professors and teachers at Vienna, the medical Mecca of the world. Dr. Williamson is in the best of health and spirits, and is greeted with enthusiastic regard by a host of former friends.

#### THE HOMOEOPATHIC INTER-COLLEGIATE CONGRESS OF THE UNITED STATES.

The Congress met at Indianapolis, Ind., April 30th, 1879. The following colleges were represented by delegates: The Homoeopathic Hospital College, Cleveland, Ohio, the Pulte Medical College, Cincinnati, Ohio, the Chicago Homoeopathic College, Chicago, Ill., the Hahnemann Medical College and Hospital, Chicago, Ill., the Homoeopathic Medical Department of the State University of Iowa, Iowa City, Iowa.

Constitution and by-laws of a permanent organization were adopted.

The object of the Congress is to be, "interchange and comparison of views on the part of the different Colleges, promotion of unity of matriculate and doctorate requirements, and the improvement of the modes and standard of medical education." Any recommendations adopted by the Congress shall be binding upon the individual Colleges, provided that said recommendations shall have been ratified by a majority of the several faculties and written notice of such ratification shall have been sent to the secretary of the Congress.

The following recommendations were then unanimously adopted:

1. That the time of study required of candidates for graduation shall have been three full years. (It was moved and carried that it is the sense of this Congress that the words "three full years" required that the applicant for graduation shall give authentic evidence from one or more reputable physicians that he has prosecuted the study of medicine three (3) full years including three (3) courses of lectures in a reputable medical college.)

2. That all matriculates, except graduates of regular colleges and high schools, shall be required to pass a preliminary examination upon English scholarship, elements of Chemistry and Physics.

3. That the annual courses of lectures previous to graduation be three in number, each course to be graded, with a minimum session of twenty-two weeks in each year.

4. That an examination be instituted at the end of the first and second year's courses, and no student be permitted to enter the succeeding year until he has passed a satisfactory examination in the curriculum of the preceding year.

The officers for the ensuing year are, President, Prof. J. C. Sanders; Vice-President, Prof. A. C. Cowperthwaite; Secretary and Treasurer, Prof. W. H. Woodyatt.

The Congress adjourned to meet at Lake George, N. Y., June 25th, at the time of the meeting of the American Institute of Homoeopathy. An urgent invitation is extended to all Homoeopathic Colleges to be represented by delegates at that time.

W. H. WOODYATT, Secretary.

90 East Washington st., Chicago, Ill.

#### Bibliographical.

A CLINICAL TREATISE OF DISEASES OF THE LIVER, BY DR. FRIED. THEOD. FRERESCHUS; IN THREE VOLUMES. NEW YORK: WILLIAM WOOD & CO. 1879.

This book was written many years ago and entered fully into a careful scientific discussion of the subjects treated. It is now issued in a revised form as a part of Wood's library of standard medical authors. We have no work in the English language to take the place of

this important treatise in the minuteness and correctness of its pathological information.

MESSEBA, BORRICK & TAPPEL announce that they will issue July 1st the first number of "The Am. Jour. of Electrology and Neurology," under the Editorship of Dr. John Butler. Quarterly; \$2 per annum in advance.

**DEMONSTRATIONS OF ANATOMY; BEING A GUIDE TO THE KNOWLEDGE OF THE HUMAN BODY IN DISSECTION.** BY GEORGE VINER ELLIS. From the eighth and revised English edition. Illustrated by two hundred and forty-nine engravings on wood. Philadelphia: Henry C. Lea. 1879.

Dr. Ellis's very excellent work has been so long a textbook with students in the dissecting-room as to render any extended notice unnecessary. As a guide in dissection it is unequalled. The work is brought fully up to the times, and is issued in the elegant style for which the house of Henry C. Lea is celebrated.

**CHART OF THE IMPORTANT SKIN DISEASES.** BY T. S. HOYNE, M. D. Arranged according to class; disease; parts of body; diagnostic features; causations; treatment covering the principal remedies; concomitants. A work of ready reference for the busy practitioner.

**AN ILLUSTRATED REPERTORY OF PAINS IN CHEST, SIDES AND BACK; THEIR DIRECTION AND CHARACTER CONFIRMED BY CLINICAL CASES.** BY ROLLIN R. GREGG, M. D. Second edition. Chicago: Duncan Brothers, pp. 100.

This little brochure, originally printed in "The Homœopathic Quarterly," has now reached a second edition. It commends itself to such practitioners as consider these indications of value in the selection of the remedy.

We are sorry the author has thought it necessary to obtain a "patent" for self-protection, as in the first place we doubt his priority, and in the second place it tends to prevent further work in this direction, and savors of quackery.

**SEWER GASES—THEIR NATURE AND ORIGIN, AND HOW TO PROTECT OUR DWELLINGS.** BY ADOLPH DE VARONA, A.M. L.L.B. M.D., 1879.

This little volume has been condensed from lectures on sanitary science delivered by the author before various medical societies and colleges.

Part I treats of necessity of sanitary measures, composition of sewage, sewer gases, relation of sewer gases to disease, sewers, size of sewers, situation of sewers, shape of sewers, materials of sewers, construction and ventilation of sewers, house drains.

Part II discusses the system of sub-soil drainage, relations between ground water and disease, the isolation of buildings and other protective measures, ventilation of buildings, and disinfection. Each subject is illustrated in all its details by careful drawings, and is described in a plain, practical and thorough manner. If the author's suggestions were carefully followed we should find a decrease in epidemic diseases and a marked diminution in death rates.

**CHEMISTRY: GENERAL MEDICAL AND PHARMACEUTICAL, INCLUDING THE CHEMISTRY OF THE PHARMACOPŒIA.—A MANUAL ON THE GENERAL PRINCIPLES OF THE SCIENCE AND THEIR APPLICATIONS IN MEDICINE AND PHARMACY.** BY JOHN ATTFIELD. Eighth edition. Revised by the author. Philadelphia: Henry C. Lea; 1879.

The plan of the book is best given in the author's words: "This manual is intended as a systematic ex-

ponent of the general truths of chemistry, but is written solely for the pupils, assistants and principals engaged in medicine and pharmacy. It will be found equally useful as a reading book for gentlemen having no opportunities of attending lectures and performing scientific experiments, or on the other hand, as a text book for college pupils; while its comprehensive index containing six thousand references will fit the work for after consultation in the course of business or professional practice. The work now includes the whole of the chemistry of the U. S. Pharmacopœia, of the British Pharmacopœia, and of the Pharmacopœia of India. The eighth edition has been carefully revised by the author, and brought fully up to the advanced standing of the science.

**NERVOUS DISEASES—THEIR DESCRIPTION AND TREATMENT.** BY ALLAN McLANE HAMILTON, M. D., FELLOW OF THE N. Y. ACADEMY OF MEDICINE, ETC., WITH FIFTY-THREE ILLUSTRATIONS, PHILADELPHIA, 1878. HENRY C. LEA, PP. 505.

This well arranged volume with its excellent illustrations and cream-tinted paper, contains quite a complete summary of most that is known in the branch of medical science of which it treats, the matter being arranged systematically and well described.

We have marked for notice certain chapters upon Cerebral Hemorrhage, Cerebral Tumors, Spinal Sclerosis and Epilepsy. That upon Tetanus is of especial interest, on account of interesting investigation in regard to the endemic influences which enter into its causation.

Good articles upon neuralgia, chorea, and functional spasm make the book valuable to the general practitioner, while directions for making post-mortem examinations and the use of certain instruments in diagnosis add to its completeness.

There is a conspicuous absence of that dogmatism which is so common in other treatises upon the subject, and many portions of the book bear the impress of practical experience and familiarity of the author with his subject.

We notice that the homœopathicity of *Stylocere* in certain forms of epilepsy is known to the author, and that several plans of treatment employed by our school are highly recommended. There is a liberal and scientific spirit pervading the book which does credit to the author and will not only enhance his reputation, but will materially add to the sale of the work.

We recommend it to the student and practitioner.

H.

"THE RESPONSIBILITY OF THE Medical Profession for the Abuses of Medical Services" has been elaborated in a paper before the N. Y. County Society by Dr. F. R. Sturgis, and the following resolution adopted, the effect of which should extend to every Dispensary and Hospital in the city.

*Resolved*, "That it is the sense of this meeting that the attending physicians and surgeons of the various dispensaries and hospitals should diligently inquire with reference to the financial circumstances of all patients in those institutions, and should refuse to treat those whom they believe to be able to pay small fees."

**HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.**

Upon motion Dr. John J. Mitchell was elected chairman of the bureau of *Materia Medica* for the ensuing year.

Upon motion the dues of Drs. T. J. Pettet & W. B. Stebbins to this society were remitted.

**REPORT OF THE BUREAU OF MENTAL AND NERVOUS DISEASES.**

Dr. S. H. Talcott, Chairman.

Dr. Talcott read a paper entitled "Medical Notes on the Treatment of Mental and Nervous Diseases."

Upon motion report was accepted, the bureau closed and Dr. Talcott continued chairman for the ensuing year.

Dr. Whittier, President of the Massachusetts Hom. Med. Society having been invited to a seat with the Executive, said he was much gratified by being able to attend a meeting of this society, which was worthy the name EXCELSIOR.

Dr. Chamberlain, as delegate from the Mass. Society, tendered his greetings in behalf of that organization, and extended a cordial invitation to all our members to attend the meetings of that Society.

He also stated several clinical cases in verification of the law of *Similars*.

Evening session, 8 o'clock. Report of the Bureau of Clinical Medicine; Dr. E. P. Fowler, Chairman.

(a) "A Colocynth Case." (b) "Three Cases of Malformations." By Dr. E. Hasbrouck. "Pathological Report." By Dr. Bukk G. Carleton; read by Dr. H. L. Waldo. "Sixteen Cases of Cholera." By Dr. J. P. Ermentraut.

Dr. Wildes: Dr. Ermentraut has stated that he relied on three remedies alone in all of the sixteen cases, he also states that life has been saved in every case that he has treated with the thirtieth potency—even in cases pronounced incurable by health officers.

Dr. Waldo said: I desire to call the attention of the society to a method of treatment which is not new, but which I think has not received that attention from the profession which it deserves. I refer to the local application of the properly selected homœopathic remedy in the treatment of nasal catarrh, acute and chronic; influenza, and the ordinary cold in the head. I have been treating most of these cases for the last two years, by giving the patient a vial of the proper remedy, in powder, and directing him to use it as a snuff, once in two hours in acute cases, and three or four times a day in chronic cases. The remedy is taken in the same manner as snuff is taken by ordinary snuff takers. I have found remedies to act much more rapidly when used in this way, and have been frequently able thus to cure, in a few hours, a case that I am confident would have required several days of treatment by any other method. I have used with success: *Calcarea iod.*, *Calcarea carb.*, *Graphites*, *Kali bi.*, *Hepar sulph.*, *Sulphur*, *Arsenicum of Quinine*, *Arsenicum*, *Mercurius vieties*, *Mercurius corrosivus*, *Mercurius portio*, *Mercurius biniodide*, *Mercurius sol.*, *Silica*. I am confident that a trial of this method of administration will convince any physician of its superiority.

The patient, Mr. L. G. W., whom I now introduce, came under my treatment in March, 1877. At that time his left pleural cavity was rapidly filling with serum in consequence of a recent attack of pleurisy. The entire left lung was compressed and the heart crowded into the right infra-mammary region, so that the apex-beat was felt about two inches below and one inch to the right of the right nipple. Remedies failing to stop the accumulation of fluid or to produce absorption, part of the fluid was removed by aspiration on the following dates: May 25, 1877, three pints; June 27, 1877, eight pints; August 17, 1877, seven pints; January 12, 1878, nine pints; August 18, 1878, seven and one-half pints: The operations were performed by Dr. McLean of Troy. At the first operation, the fluid was purely serous, but at each subsequent operation it became more and more purulent, till at the last one it appeared to be almost pure pus. A great many remedies were employed but none of them seemed in any degree to prevent the accumulation of the fluid.

His age is 28, occupation, clerk. Two years ago patient had a slight cough, with some pain in left chest, the condition was not severe enough to confine him to bed or house, but shortly after was troubled with rapid breathing, and upon any violent physical or mental ef-

forts, great dyspnea. This has continued up to the present time.

The following is the result of the physical examination made by Dr. Dowling, in company with other members of the society. Upon inspection, a marked elevation of the left shoulder, and of the left scapula, was noticed; slight lateral curvature of the spine to the left. The inner edge of the left scapular everted. Marked fullness, and bulging of the axillary and infra-axillary region of the left side with bulging of the inter-costal spaces. No costal respiration of the left side. Respiration apparently performed entirely with right lung. Right supra-clavicular fossa well marked, less marked on the left side. Fullness in the infra-clavicular region of the left side. Violent pulsation noticed in the right mammary region. Prominence of the epigastrium, and the right hypochondrium. Patient generally emaciated; skin pale; veins full; countenance cachectic; respirations hurried, and at the present time, fifty to the minute, probably owing to excitement.

**Palpation.**—Exaggerated vocal fremitus on right side, over entire right chest. Vocal fremitus in left chest entirely wanting. Pulsation in right mammary region from the third to the fifth rib distinctly felt. No cardiac pulsation felt on left side.

**Percussion.**—Exaggerated pulmonary resonance over right chest, laterally, posteriorly and anteriorly, to the lower border of the third rib, where flatness commenced and extended to the lower border of the fifth rib, and from the right edge of the sternum to the inner axillary line of the right side. Exaggerated pulmonary resonance from the lower border of the fifth to the upper border of the second rib. Right side—Flatness over entire left chest, anteriorly, laterally and posteriorly.

**Mensuration.**—Chest measured, right side in the mammary line, from spinous process to the median line, 14½ inches. Left side, 16 inches, notwithstanding the left lateral spinal curvature.

**Auscultation.**—Exaggerated vesicular breathing heard posteriorly and laterally on right side, and anteriorly, except in location where dulness was found. Total absence of respiratory sounds in left chest. First sound of the heart heard most distinctly in the fifth intercostal space of the right side, about two inches to the right of the sternum. Heart pulsating at the rate of 132 to the minute, probably owing to the excitement of the examination. While at rest, said to be from 85 to 90. Heart sounds normal, but exaggerated. No murmurs. Second sound over pulmonary orifice intensified; much louder than that heard over aortic orifice. Bronchophony marked on right side.

**Diagnosis.**—Chronic pleuritis, with exudation, filling the entire left thoracic cavity, with compression, and almost total obliteration of the left lung. Dislocation of the heart, and mediastinum to the right.

Dr. Dowling, in his remarks, spoke of this case being one of great interest from the fact of its insidious beginning, its long continuance and its comparatively trifling impairment of the patient's health during the entire course of the disease. He analyzed many of the symptoms, and spoke particularly of the total absence of vocal fremitus of the left side. He said this was one of the most characteristic indications of hydro-thorax. Where the flatness arose from lung solidification the vocal fremitus was always intensified, and bronchial respiration and bronchophony were well marked, but in hydro-thorax these physical signs never accompanied the absence of pulmonary resonance. He spoke of the exaggerated pulmonary resonance and vesicular breathing on the right side, and accounted for it by the fact that the right lung, which was undoubtedly in an emphysematous condition, was performing the function of both lungs. The prominence of the epigastrium and of the right hypochondrium were owing to hyperæmia of the liver, owing to imperfect emptying of the right heart consequent upon obstruction in the capillary circulation of the lungs. He had learned that upon five occasions the left chest had been partially emptied of



its contents with the aspirator; that at the first tapping, which occurred May 25, 1877, three pints of serous fluid were removed. On June 27, 1877, eight pints of fluid of same character removed. Two months subsequent, nine pints. Now slightly purulent in character. Five months later, seven pints. Again, on the 12th of January, 1878, nine pints, more purulent in character. Patient was again tapped on the 18th of August, 1878, when 7½ pints were removed. That operation, which we see was performed six months ago, was the last.

Dr. Dowling advised frequent tapplings and the use of *Apis Mellifica* as an internal remedy, a dose each night and morning.

**Subsequent History.**—Dr. Dowling states that the patient called upon him in New York on the 15th of May last; that he learned that he had been tapped but once since the meeting of the State Society, and that four pints of sero-purulent fluid had been removed from the chest. *Apis Mel.* had been continued, a dose twice each day, and the apparent results upon another physical examination were satisfactory in the extreme. Accumulation of fluid in the left chest was very much less, and the left lung was evidently making an attempt at expansion, evidenced by the fact that vesicular breathing was heard in the apex, in the supra-clavicular region of the left side, and in the infra-clavicular region for a space of two inches to the left of the sternum, and bronchial respiration in the inter-scapular region of the left side. General health remarkably good.

The patient was ordered to continue the *Apis Mellifica*. Dr. A. S. Couch said: I have a difficult case and desire counsel. Diagnosed in its acute stage as cerebro-spinal meningitis, it has now become chronic spinal meningitis, and it baffles all my attempts to overcome it. The patient—a splendid woman, and beloved by all who know her—is about twenty-five years old and of nervous, sanguine temperament; has tinnitus aurium in the left ear, defective vision in the left eye, and anesthesia of the whole right half of the body. The spine is very sensitive to jars or shocks of any kind, as, for example, striking an object in a failure to lift the foot sufficiently high in stepping over it, has several times caused relapses when apparently gaining very well. The tongue keeps slightly coated with a dingy fur; the appetite moderate and easily satisfied; the bowels tolerably regular, but with intervals of constipation; the menstrual flow scantier than natural; urine normal, but at times in the history has been discharged with all the varying phenomena from incontinence to strangury; sleep is insufficient and disturbed, and there is a general impoverishment of tissue, both carbonaceous and nitrogenous. I have used quite a number of remedies, most prominently *Rhus* and *Custicum*, also electricity, but so far have not been able to reduce the amount below the point of aggravation; also the douche and hand-rubbing, but nothing permanently or sufficiently avails. If this society can give me any counsel which will enable me to cure this patient, I shall thank God for its organization and hold myself under lasting obligation. I shall be glad to answer any question touching the minor symptomatology of the case that may suggest itself.

Dr. Gottschalk suggested *Calc. phos.* and *Calc. ferri*; Dr. Jones, *Natrum salicylate*; Dr. Bradford, topical application of saturated solution of German bathing-salt, with hand rubbing, and others, whose names the reporter was unable to obtain, *Arnica*, *Guaiaecum*, and electricity.

Upon motion, the Bureau of Clinical medicine was closed, and Dr. E. Hasbrouck was elected Chairman for the ensuing year.

THE AUTHORITIES of Sacramento, Cal., have appointed Drs. W. A. Hughson, G. M. Dixon, Geo. Pyburn, A. G. Henry and L. J. Kellogg, all homeopaths, to constitute its Board of Health.

## Medical Items and News.

**OBITUARY.**—Dr. Denison, who died recently at Fairfield, Conn., at the age of 74 years, was for forty years an esteemed and successful physician of that place. He graduated at Yale College in the Class of 1824, and embraced homeopathy twenty-five years ago. He was one of the founders of the Connecticut Homeopathic Medical Society, and was elected its first President in 1851.

**DIED.—DOWLING.**—Wednesday, May 21st, of meningitis, Mamie, eldest daughter of Dr. J. W. Dowling, of New York City; aged eleven years and six months.

**OBITUARY.**—Dr. E. B. Squier, a young and promising physician and surgeon of Syracuse, has passed away.

Those who knew Dr. Squier could not but commend his many virtues and admire the ambition which was paramount in him to become an honor to his profession. His untimely decease at the early age of only twenty-nine years, creates a sympathy for the beloved wife and child he leaves behind, which many friends will not soon erase from their memory. Dr. Doane, who was his most confidential medical adviser and friend, is entitled to no small degree of respect for the trusty and filial manner in which he has administered to the young doctor's condition.

THE AMERICAN INSTITUTE OF HOMOEOPATHY will convene in annual session at Fort William Henry Hotel, Lake George, commencing June 24, 1879, and continue four days.

From New York the "People's Line" of steamers leave at 6 P. M. from Pier 41, N. R., near Canal street; fare \$1.50, or \$2 to Albany and return. This line connects directly at Albany with train via Delaware and Hudson Railway for Glens Falls, arriving at this point at 10:20 A. M., thence by stage nine miles to Lake George, arriving about 12 M.

THE Delaware and Hudson line will issue a *free* return ticket over its line upon certificate of the Secretary that the holder has attended the meeting of the Institute. Fare by stage, \$1.25.

The Hudson River Railway fare to Albany is \$3.10, and several trains connect daily with Delaware and Hudson Railway for Lake George. For those who desire to view the beautiful scenery of the Hudson River, the day line presents the best opportunity. From Pier 39, N. R., steamers leave at 8:45 A. M.

The American Homeopathic Ophthalmological and Otological Society will hold its sessions at 2 P. M., June 24 and 25, at the above-mentioned place.

THERE ARE some cases of indigestion—and especially those occasioned by the abuse of alcoholic stimulants—in which the combination of lime juice with pepsine is much better borne by the stomach than any other preparation.

Formerly this formula was to be had only by importation, but recently Messrs. Caswell & Massey have introduced an article which is superseding the former, and is afforded at one-fifth the price.

Mrs. —, aged sixty-seven, has been troubled with Dyspepsia for a year or more; within the past three months various remedies have been tried without permanent relief. Three weeks ago, *Lactopeptine* (a powder of five grains after each meal) was prescribed for one week; since that time no trouble has been experienced, and the patient expresses herself as feeling better than she has before for two years.—*New Eng. Med. Gaz.*

**KINGS CO. HOM. MED. SOC'y** elected the following officers May 13th, for the ensuing year: **Pres.**, M. Hasbrouck, M.D.; **V. Pres.**, A. C. F. Von der Lahe, M.D.; **Rec. Sec'y**, W. W. Blackman, M.D.; **Cor. Sec'y**, R. C. Moffat, M.D.; **Treas.**, Helene S. Lassen, M.D.; **Censors**, Drs. S. E. Stiles, H. Willis, H. Minton, E. J. Whitney, W. L. R. Perrine.

**WINES.**—It is hardly necessary to call the attention of the profession to the choice wines advertised by Mr. Reich. The Budai for table use and the Tokay for invalids suffering from nervous exhaustion are recognized everywhere by leading medical men of all schools as unsurpassed in purity, and in the finest qualities of a stimulating nutriment. The discount to the profession renders the Budai available to all as a choice table wine.

**CHEMISTRY AND THERAPEUTICS.**—The principle inaugurated by Hahnemann of freeing drugs from their impurities, retaining only the active part in such form that they will produce their specific action upon the living organism, has borne such ripe fruit in the laboratory of the chemist as to revolutionize therapeutics and crystalize it into something like a science. The point gained is that each particle of the drug shall be an active force when brought in contact with disease. Starting with a drug chemically pure, it is easy to graduate its strength by the mortar and pestle or by chemical combination to meet the exigency of the case. Different conditions of the system will require different strength of medicine from the pure drug, mounting up through the attenuations necessary. No laboratory has carried to such perfection the preparation of the active principle of drugs in a beautiful and perfectly reliable form as that of McKesson & Robbins. Every physician will find in their list drugs in just such doses as they often wish to prescribe, with the satisfaction of knowing that every one is precisely what is represented.

**REMOVALS.**—**Dr. B. G. Carleton**, to 42 West 26th street; **Dr. C. V. Cochran**, to 35 West 10th street; **Dr. L. de V. Wilder**, to 227 West 34th street; **Dr. T. W. Swann**, Pottsville, Pa.; **Dr. Carrie L. Black**, 60 West 47th street; **Dr. Gertrude A. Goewey**, to 985 DeKalb avenue, Brooklyn.

**DRS. AMELIA BARNETT AND M. BELLE BROWN** have removed to 167 West 34th Street. **Dr. Lozier** to 103 West 48th Street, and **Dr. E. N. Shellenberger** to 1703 Wallace Street, Philadelphia.

**DR. W. M. L. FISKE** has removed to No. 21 Bedford avenue, corner of Morton street, Brooklyn.

**LOUISE GERRARD, M. D.**, removed to 41 West 35th street.

**DR. H. W. OSBORN**, Mineral Point, Wis., writes us that to a proper party he can offer a most excellent practice on reasonable terms.

**DR. B. W. JAMES, Chr. Bureau, &c.**, invites correspondence upon "any improved method of Drainage," &c., for discussion at June meeting Am. Inst. Hom.

**W. H. Webster**, of Washington avenue, between 165th and 166th streets, a competent and reliable nurse, holds himself in readiness to answer calls to attend upon the sick. Telegraphic communications promptly responded to. Refers to the editors of this journal.

THERE HAS BEEN FOUNDED in Brussels a "Central Association of Belgian Homœopaths," who do not withdraw from "the homœopathic circle of Flandres," but found this new society as being more accessible. One of their articles of associations contains the following words:

All members of the Belgian medical fraternity are eligible to membership who consider homœopathy to be progress in medicine.

**OPHTHALMIC HOSPITAL.**—Report for the month ending April 30, 1879: Number of prescriptions, 3,869; new patients, 485; patients resident, 43; average daily attendance, 149; largest, 223.

**J. H. BUFFUM, M. D., Resident Surgeon.**

**AMERICAN INSTITUTE OF HOMŒOPATHY BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS.**—This Bureau appeals to the homœopathic profession for assistance in carrying out the object for which the bureau was established, viz.:

*First.*—To encourage the thorough organization of our societies and institutions, that they may do efficient work.

*Second.*—The accumulation of statistics of the status and progress of homœopathy. This is a work of great importance alike to the scientist and the physician, and it properly comes within the province of our national association.

A special effort will be made the present year to carry forward this work. Let every society, whether State, county, local association, or medical club, select some one of its members who shall furnish its statistics; such as the number of enrolled members, time and place of meetings, and any important action taken, whether of a professional or public nature. Reports of the present condition and work done by our hospitals, dispensaries, infirmaries, homes, and by our colleges, schools, and journals, should be made. Each and every one of these should be fully represented, and contribute its quota to the aggregate of work done by progressive medicine for the advancement of science and the benefit of humanity. The bureau solicits aid and information from every reliable source.

**I. T. Tallot**, 66 Marlborough street, Boston; **H. M. Smith**, 107 Fourth Avenue, New York; **Jona Pettet**, Cleveland, Ohio; **E. M. Kellogg**, 257 Broadway, New York; **T. Franklin Smith**, 62 East 128th street, New York; **J. B. Bell**, Augusta, Me.; **B. W. James**, 18th and Green street, Philadelphia.

**DRS. E. V. MOFFAT, Charles H. Hoffman, J. B. McClelland, J. M. Thompson, H. M. Bunting, H. C. Blauvelt and C. L. Bagg**, have been appointed to the House Staff Homœopathic Hospital, W. I.

**FATAL TETANUS** followed ligation of hemorrhoids in a case at Bellevue Hospital, New York.

**DR. CLAFF'S** work on auscultation and percussion is sold at \$1.50 instead of \$2, as stated in our last. Cheap. A very concise and convenient book of reference, well endorsed.